

MANAGING YOUR CHILD'S ASTHMA
Participant Evaluation

A few weeks ago, you attended a presentation on asthma. In order to make this presentation better for others, we would like some information from you. Please take a minute to fill out this form. Except where noted, please mark one choice for each of the following questions. If you have or know more than one child or person with asthma, please choose and think of only one person as you fill out the form.

- | <p>1. Do you <u>live with</u> someone who has asthma? (Mark all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> Self<input type="radio"/> Spouse<input type="radio"/> Child<input type="radio"/> Extended family member<input type="radio"/> None of the above <p>2. Do you <u>know</u> someone who has asthma? (Mark all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> Immediate family member not currently living in same house (e.g. child, spouse)<input type="radio"/> Extended family member<input type="radio"/> Friend<input type="radio"/> Neighbor<input type="radio"/> None of the above | <p>3. Since you attended the presentation, have you:</p> <table border="0" style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th><th style="text-align: center;">Unsure</th></tr></thead><tbody><tr><td>a. Contacted a health care provider to talk about asthma?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>b. Changed asthma medications?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>c. Talked to other family members about asthma?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>d. Talked to a school nurse or other school staff member?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>e. Delivered an Asthma Action Plan to your child's school?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>f. Changed your home environment in order to remove asthma triggers?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>g. Become more confident when using asthma medications?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>h. Become more confident when using asthma inhalers?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr><tr><td>i. Used the handouts from the presentation?</td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td></tr></tbody></table> | | Yes | No | Unsure | a. Contacted a health care provider to talk about asthma? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Changed asthma medications? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Talked to other family members about asthma? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. Talked to a school nurse or other school staff member? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. Delivered an Asthma Action Plan to your child's school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. Changed your home environment in order to remove asthma triggers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. Become more confident when using asthma medications? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. Become more confident when using asthma inhalers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. Used the handouts from the presentation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|---|-----------------------|-----------------------|----|--------|---|-----------------------|-----------------------|-----------------------|--------------------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|
| | Yes | No | Unsure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Contacted a health care provider to talk about asthma? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Changed asthma medications? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Talked to other family members about asthma? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Talked to a school nurse or other school staff member? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Delivered an Asthma Action Plan to your child's school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Changed your home environment in order to remove asthma triggers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Become more confident when using asthma medications? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Become more confident when using asthma inhalers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Used the handouts from the presentation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
4. How could the presentation be improved? (Please use back of sheet if necessary.)
5. How have you used the information provided during the presentation? (Please use back of sheet if necessary.)
6. Do you have other comments? (Please use back of sheet if necessary.)

Thank you!