

Living with Asthma -- Patient/Parent Survey – Page 1

Patient's Name _____ Date of Survey: _____

This survey asks questions about your asthma (or your child's asthma). Your answers will help us take better care of our patients. There are two pages. Please fill out this page of the form while you wait to see your doctor. After you complete this page, hand it to your doctor in the exam room. Before you leave, please fill out the second page and hand it to the nurse or receptionist. Thank you!

1. I am here today for:

- A planned visit (for checkup/well-child care, asthma follow-up, or a review of how my child is doing)
- A "sick" visit for an asthma attack or episode

2. During the past **two weeks**, how often have you/your child had coughing, wheezing, or shortness of breath *during the day*?

- Every day, all the time QQQQ
- Every day, but not all the time QQQ
- More than two times a week, but not every day QQ
- Twice a week or less Q

Never

3. During the past **two weeks** how often have you/your child had coughing, wheezing, or shortness of breath *during the night*?

- Frequently / Every night QQQQ
- More than once a week QQQ
- Once a week QQ

Once every two weeks or less Q

Never

4. During the past **two weeks**, on how many days did you/your child:

- have any wheezing, coughing, or trouble breathing during the day _____ number of days
- wake up at night because of asthma, wheezing, cough or trouble breathing _____ number of nights
- have to slow down or stop normal activity/play because of asthma, wheezing, cough, or trouble breathing _____ number of days

5. In the past **two weeks**, how many times did you/your child take any quick-relief medicine (Albuterol, Proventil, Ventolin, Maxair, Tormalate, or Xopenex) to help relieve coughing, wheezing, shortness of breath or tightness in the chest?

- More than twice a week None
- Twice a week or less Do not take a quick-relief medicine for asthma

6. In the past **six months**, have you/your child been to the Emergency Room or been hospitalized due to asthma?

ER visits: No Yes → *If Yes*, list approximate dates: _____

Hospitalizations: No Yes → *If Yes*, list approximate dates: _____

7. Have you/your child missed any work days, school days or daycare because of asthma in the last **two months**?

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Patient's Name _____ Date of Survey: _____

No Yes → *If Yes*, number of days missed: _____ Don't work/ go to school or daycare

8. How often are you/your child exposed to cigarette smoke?

Every day Once or twice a week Rarely Never

Please give this page to your doctor or nurse at the beginning of your visit.

Please complete this page of the survey after you have seen the doctor or nurse practitioner.

9. An asthma management plan is a written set of instructions about how to treat your asthma or your child's asthma, with different treatments depending on how you/your child's asthma is doing. It is used for patients who take medicine every day. Your doctor or nurse should create or review an asthma management plan with you at every visit.

Do you have an up-to-date written copy of an asthma management plan?

- No
- Yes
- I don't know
- Don't take medicine every day

10. At this visit did your doctor/nurse tell you/your child to start or continue taking any of the following medications for asthma? (You may check more than one)

- Accolate or Singulair (a daily pill)
- Cromolyn (also called Intal) or Nedocromil (also called Tilade)
- Any type of inhaled steroid medicine for his/her asthma (Advair, Vanceryl, Beclovent, Azmacort, Aerobid, Flovent, or Pulmicort)
- Serevent (Salmeterol), Volmax, or Proventil Repetabs (sustained release albuterol)
- Theophylline
- I don't know

11. At this visit did your doctor/nurse talk to you/your child about things that can make your asthma worse (such as dust, molds, pollens, cockroaches, pets/animals, exercise, respiratory illness)?

- No
- Yes
- I don't know

Please return the survey to the front desk or to a nurse.

Thank you very much for completing this survey!

For Provider/Staff Use:

Is Asthma Severity Classification noted in the chart for this visit (Mild Intermittent, Mild Persistent, Moderate Persistent or Severe Persistent)?

- No
- Yes ® **If Yes**, what is the classification of severity?
 - Mild Intermittent**
 - Mild Persistent**
 - Moderate Persistent**