

Asthma Questionnaire

*This form is to be filled out by the parent/guardian of all students with asthma indicated on their Annual Health History (AHH).
Once completed, please return it to the Health Room.*

Student's Name: _____	Student ID #: _____
School: _____	Student DOB: _____
	Student Grade: _____

My child has Asthma and requires a Quick Relief Inhaler at school.

Brief history of your child's Asthma: _____

How would you rate the severity of your child's asthma? Mild Moderate Severe

Has your child ever been hospitalized? Yes No **If yes, date:** _____ **Intubated?** Yes No

How often does your student see their licensed health care provider (LHCP) for asthma? _____

Does your child take medication(s) to help control their asthma? Yes No

Does your child use a Nebulizer for their asthma? Yes No

Name of: Control medication: _____ **Quick Relief Inhaler medication:** _____

How often does your child require their Quick Relief Inhaler? _____

Is your child able to administer their medication independently? Yes No

My child may experience the following asthma symptoms: *Check all that apply*

Cough Wheezing Shortness of Breath Chest Tightness Breathing Problems Pain

Other: _____

My child's asthma is triggered by: *Check all that apply*

Allergen Exercise Illness (cold/flu) Chemical

Environmental: Smoke Weather changes Cold

Other: _____

Treatment that helps my child in the event of asthma symptoms: *Check all that apply*

Oral medication Quick Relief Inhaler Nebulizer Fluids Rest Breathing exercises

Other: _____

Does your child Always require pretreatment before physical activity? Yes No

My child has a history of Asthma but DOES NOT require a Quick Relief Inhaler at school.

Please describe your child's Asthma: Inactive/No longer affecting my student Seasonal or Illness related

When was the last time your child was seen by their LHCP for asthma? _____

When was the last time your child experienced asthma symptoms? _____

When was the last time your child used a Quick Relief Inhaler for their asthma? _____

My student has NO Asthma: Marked in error on AHH *(No other info is needed, sign to complete form)*

I understand:

- If my child has asthma that requires a Quick Relief Inhaler, additional conditions must be met prior to my student attending school as outlined in WAC 180-38, including but not limited to a completed Medication Authorization Form and all medication(s) ordered.
- If my child's medical condition changes, such that their asthma becomes more severe and or life-threatening, I will notify their school immediately.

Parent/Guardian Name	Parent/Guardian Signature	Date
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