Daleville Community Schools
Asthma Questionnaire

Student: _____ Grade: _____ Date: _____

School: _____ Teacher (K-6): _____

Parent(s): _____ Phone: _____ Cell: _____

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We are requesting the following information to help the school best help your child in the event of an asthma attack. Answer the questions to the best of your ability. If you desire a conference with the school nurse, please call for an appointment. Thank you.

Andrea Earlywine RN,
Elementary: 378-0251 JR/SR high: 378-3371

1. How long has your child had asthma? _____
2. Rate severity of his/her asthma. (circle)
   (not severe) 0 1 2 3 4 5 6 7 8 9 10 (severe)
3. How many school days did he/she miss due to asthma last year? _____
4. What triggers your child's asthma? Please check all that apply.
   ___illness ___emotions ___medications ___foods
   ___weather ___exercise ___smoke ___chemical odors
   ___fatigue ___animals ___dust
   ___allergies (please list) _____
   ___other (please list) _____
5. What does your child do at home to relieve wheezing during an asthma attack?
   Check all that apply.
   ___breathing exercise takes medication: ___inhaler
   ___rest/relaxation ___nebulizer
   ___drinks liquids ___oral med
   ___other (please list) _____
6. What medication does your child take and how often?
   Daily _____
   For wheezing _____
   Before exercise _____
7. Will your child need to take medicine while at school? _____
   If yes please fill out a medication permission slip and turn it in with your child's medicine.
8. Do you know what your child's baseline peak flow rate is? Yes ___ No ___ Rate _____
9. Do you think your child holds back from activities because of his/her asthma? _____
10. If your child suffers an attack during school, what plan of action would you prefer school personnel to take?
    _____

If the school feels your child's asthma needs more medical attention than we can give, and we cannot reach you, we will make arrangements in the best interest of your child's health.

Family physician _____ Phone _____

Parent signature _____ Date _____