

Date 

Name _____ Class Site _____

Controlling Asthma Survey

Thank you for filling out this survey. The items listed below are things that people may do to control their asthma. Please read each item and circle how often you, your child, or other family members, **(1) almost never**, **(2) sometimes**, or **(3) almost always**, do these things to control your child's asthma.

Circle one answer (1, 2, or 3) for each item.

Item	Almost Never	Sometimes	Almost Always
1. My child knows what starts his or her asthma attacks.	1	2	3
2. My child's room is free of the things that start an asthma attack.	1	2	3
3. We have a smoke-free home.	1	2	3
4. My child takes preventative (long-term) medicine every day.	1	2	3
5. We follow my child's medicine plan.	1	2	3
6. My child uses extra asthma medication before playing.	1	2	3
7. My child knows his or her warning signs that an asthma attack is coming.	1	2	3
8. My child checks his or her breathing each day with a peak flow meter.	1	2	3
9. My child's teacher knows what to do if my child has an asthma attack.	1	2	3
10. I have the information I need to control my child's asthma.	1	2	3
11. My child uses rescue (quick-relief) medicine only when he or she needs it.	1	2	3
12. I watch my child closely for signs of an asthma attack.	1	2	3
13. My child rests when early signs of an asthma attack come on.	1	2	3

Item	Almost Never	Sometimes	Almost Always
14. I watch my child closely for signs of an asthma attack.	1	2	3
15. My child asks an adult for help if an asthma attack is coming.	1	2	3
16. If my child's asthma attack does not get better one hour after taking medication, I call the doctor.	1	2	3
17. My child stays calm during an asthma attack.	1	2	3
18. I express my concerns about asthma to my child's doctor.	1	2	3
19. My child tells me when he or she has side effects from the asthma medication.	1	2	3
20. My child is able to use the inhaler without assistance.	1	2	3
21. Because of asthma, my child does not participate in sports.	1	2	3

Thank you