



CAPP Collaborative
Community Asthma Prevention Program

Program Identification Number
 L _____ - _____
 HV ID: _____

INTAKE FORM

Referral Source: _____

Child's Name _____ **Date of Visit** ____/____/____

Child's Age at Initial Visit ____ **M or F** Date of Birth ____/____/____

Parent/ Guardian Name: _____ SS# ____/____/____

Address: _____

Philadelphia, PA _____ (zip)

Phone: (h) _____ (w) _____ (other) _____

Ethnic Group:

- 1 Hispanic: Country of origin: _____
- 2 African American
- 3 Caucasian
- 4 Asian
- 5 Other: _____
- 6 Unable to determine

Name of PCP _____
Group Name _____
Address: _____
Philadelphia, PA _____
Phone: (____) ____ - _____

This session was conducted in

- 1. English
- 2. Spanish
- 3. Other

ASTHMA HISTORY – CHILD

1. How old was your child when he/she was first diagnosed with ASTHMA? ____yrs / ____mo

2. In the last 3 months, was your child prescribed asthma medicines?

- 1 __ Yes
- 2 __ No
- 3 __ Don't Know

3. What are the names of the medicines your child is prescribed for asthma?

Medicine _____

Medicine _____

12. On average, during the past week, how bad were your child's asthma symptoms when he or she woke up in the morning?
0. no symptoms
 1. mild symptoms
 2. worsening symptoms
 3. severe symptoms
13. How many times during the past month has your child missed school? _____ *days*
14. In general, during the past week, how limited were you in your child's activities because of your child's asthma?
0. Not limited at all
 1. Slightly limited
 2. Moderately limited
 3. Extremely limited
15. In general, during the past week, how much shortness of breath did your child experience because of his or her asthma?
0. None
 1. A little
 2. A moderate amount
16. In general, during the past week, how much of the time did your child wheeze?
0. Not at all
 1. A moderate amount of the time
 2. Most of the time
 3. All the time
17. On average, during the past week, how many puffs of Ventolin, Proventil or Albuterol has your child used each day?
0. None
 1. 1-2 puffs most days
 2. 3-4 puffs most days
 3. 5-8 puffs most days
 4. 9-12 puffs most days
 5. 13-16 puffs most days

29. Household Income

At this time what is your total household income?

- 1 <10,000
- 2 \$10,000 - \$19,000
- 3 \$20,000 - \$29,000
- 4 \$30,000 - \$49,000
- 5 \$50,000 - \$99,000
- 6 \$100,000 or over
- 7 Unable to determine

30. Did you lose your housing, in the last 6 months?

- 1 No
- 2 Yes

SOCIAL FACTORS – CAREGIVER OF ASTHMATIC CHILD

These questions refer to you [insert caregiver's name, e.g. Mrs. Brown].

31. In general, during the past week, how limited were you in your activities because of your child's asthma?

- 0 Not limited at all
- 1 Slightly limited
- 2 Moderately limited
- 3 Extremely limited
- 4 Totally limited

32. Was your telephone, electricity or gas turned off, in the last 6 months?

- 1 No
- 2 Yes

33. Did anything happen in your neighborhood that made you feel unsafe, in the last 6 months?

- 1 No
- 2 Yes

34. Did you see violence in your neighborhood, in the last 6 months?

- 1 No
- 2 Yes