

**Newton Falls Exempted Village School District
Asthma Parent Questionnaire**

Student Name _____ Grade _____

Has there been any change in the severity of your child's asthma or reactive airway disease symptoms in the past year? _____ Yes _____ No

If yes, please explain: _____

I would describe my child's asthma as: (choose one) ___severe ___moderate ___well controlled

What are the most common symptoms experienced by your child? _____

When does your child have the most difficulty with asthma? _____

Circle each item listed below that might start an asthma episode for your child:

Exercise	Strong odors/fumes	Pollen
Respiratory Infections	Chalk dust/dust	Molds
Carpeting	Food (please specify) _____	Animals
Temperature Change	Other (please specify) _____	

Does your child monitor his/her peak flow? _____ Yes _____ No If so, what is his/her personal best peak flow? _____

Does your child have any activity restrictions related to his/her asthma? _____ Yes _____ No

Please specify:

Activity restrictions for school activities such as recess and gym will need physician authorization.

What medications does your child currently take for his/her asthma? Please list name of medication, dose and times taken: _____

Does your child's present condition indicate a need for medication during school hours? School hours include participation in extracurricular school activities such as sports and band. _____ Yes _____ No

If the answer to the above questions is yes, please have your child's healthcare provider complete the attached Asthma Action Plan and return it to school by the beginning of next school year.

If the answer is no, please indicate below the actions to be taken by school personnel in the event your child suffers an asthma episode at school. Please list specific instructions:

Please note that if your child's symptoms are not relieved by taking the above steps, you will be notified immediately and emergency medical services will be called. If necessary, your child will be transported to the hospital listed on his/her emergency care form.

Parent/Guardian Signature _____ Date _____