Children's Asthma Follow-Up Questionnaire

Patient Name:_____ Date:_____

Primary Doctor:_____ Age:_____

1. Since your child's last visit, has their asthma: Improved Stayed the same Worsened

2. Please list all asthma medications and how often they are taken:

_____

_____

3. How often does your child take Albuterol (also called ProAir, Proventil, Ventolin, or Xopenex)?

_____ Only when needed (*Date last Used*_____) _____ Everyday _____Before exercise

4. Has your child missed any daily asthma medication? Yes No

5. Does your child have any side effects from the asthma medication? Yes No

6. CURRENTLY, does your child have any of the following?

_____ Cough, wheeze or trouble breathing while sleeping.

_____ Cough, wheeze or trouble breathing when he/she wakes-up in the morning

_____ Complain of chest pain or tightness

_____ Cough, wheeze or trouble breathing with exercise

7. Since your child's last visit, has your child had:

Unscheduled visits to your Primary Care Physician for ASTHMA Date: _____

Emergency room visit/Urgent care visit for ASTHMA Date: _____

Hospitalizations for ASTHMA Date: _____

Missed school days for ASTHMA Date: _____

Steroids (Prednisone, OraPred, Prelone) for ASTHMA Date: _____

8. Do you or does anyone in your home smoke? Yes No

9. Are there pets in the home? Yes No

10. Does your child have any of the following:

❑ Hyperactivity ❑ Snoring ❑ Daytime sleepiness ❑ Frequent awakenings

❑ Frequent awakenings ❑ Bedwetting ❑ Sleep terror ❑ Sleep walking

11. Do you have any questions or concerns you would like to discuss with the doctor?

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