

NAME: _____

WESTSIDE ALLERGY CARE

DATE: _____

For Children with Asthma:

Have your child complete these questions.

How is your asthma today? Write the correct number in the box
Very Bad (0) | Bad (1) | Good (2) | Very good (3)

How much of a problem is your asthma when you run, exercise, or play sports?
A big problem, I can't do what I want (0)
It's a problem and I don't like it. (1)
It's a little problem and it's OK (2) | It's not a problem (3)

Do you cough with your asthma?
Yes, all the time (0) | Yes, most of the time (1) | Sometimes (2) | Never (3) |

Do you wake up during the night because of your asthma?
Yes, all the time (0) | Yes, most of the time (1) | Sometimes (2) | Never (3) |

Parent of the child to complete the following:

During the last 4 weeks, how many days did your child have asthma symptoms?
None (5) 1-3 days (4)
4-10 days (3) 11-18 days (2)
19-24 days (1) Daily 0

During the last 4 weeks, how many days did your child wheeze during the day?
None (5) 1-3 days (4)
4-10 days (3) 11-18 days (2)
19-24 days (1) Daily 0

During the last 4 weeks how many nights did asthma awaken your child at night?
None (5) 1-3 days (4)
4-10 days (3) 11-18 days (2)
19-24 days (1) Daily 0

If your child's score is 19 or less, your child's asthma may not be adequately controlled.