

# Evaluating My Child For Asthma

## A Parent Questionnaire

McKenzie Pediatrics

Dear Parent: Thank you for taking the time to complete this extensive questionnaire, which will help your child's physician to better evaluate and understand your child's symptoms. Once completed, please bring this to your child's next appointment.

My Child's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

- Yes  No 1. My child wakes up every morning with a cough. If yes, check:  
 every morning  2 or more times a week  once a week  once a month
- Yes  No 2. My child coughs throughout the morning
- Yes  No 3. My child coughs throughout the afternoon
- Yes  No 4. My child coughs through the day
- Yes  No 5. My child is awakened at night by coughing. If yes, check:  
 every night  2 or more nights a week  once a week  once a month
- Yes  No 6. My child wheezes, or complains of shortness of breath or chest tightness when he/she wakes up in the morning. If yes, check:  
 every morning  2 or more times a week  once a week  once a month
- Yes  No 7. My child wheezes throughout the morning
- Yes  No 8. My child wheezes throughout the afternoon
- Yes  No 9. My child wheezes throughout the day
- Yes  No 10. My child wakes up wheezing or short of breath during the night. If yes, check:  
 every night  2 or more times a week  once a week  once a month
- Yes  No 11. My child uses an inhaler or nebulizer to relieve early morning or night time symptoms. If yes, check:  
 every morning/night  2 or more times a week  once a week  monthly
- Yes  No 12. My child coughs, wheezes, or gets short of breath when he/she has a cold.
- Yes  No 13. My child coughs, wheezes, or gets short of breath when he/she is not sick.
- Yes  No 14. My child coughs, wheezes, or gets short of breath when he/she plays or runs.
- Yes  No 15. My child coughs, wheezes, or gets short of breath when he/she is around tobacco or wood smoke.
- Yes  No 16. My child coughs, wheezes, or gets short of breath when he/she is in a room where carpets are being vacuumed.
- Yes  No 17. My child coughs, wheezes, or gets short of breath when he/she is in a basement
- Yes  No 18. My child coughs, wheezes, or gets short of breath when he/she is around furry animals or birds.
- Yes  No 19. My child is more likely to have symptoms a particular time of year. Check all that apply:  Spring  Summer  Fall/Autumn  Winter
- Yes  No 20. My child is more likely to have symptoms when he/she goes into cold air.
- Yes  No 21. My child is more likely to have symptoms when the weather changes
- Yes  No 22. Do one or both parents have allergies or asthma? Which one(s)? \_\_\_\_\_

Your Child's Environment:

- Yes  No 1. Is your child's asthma worse at specific locations? If so, where? \_\_\_\_\_
- Yes  No 2. Can you identify specific triggers that worsen your child's symptoms? If so, what are they? \_\_\_\_\_
  
- Yes  No 3. Have you noticed whether dust exposure makes your child's symptoms worse?
- Yes  No 4. Does your child sleep with stuffed animals?
- Yes  No 5. Is there wall-to-wall carpet in your child's bedroom?
- Yes  No 6. Have you used any means for dust mite control? If so, what: \_\_\_\_\_
- Yes  No 7. Do you wash your child's bed linens at least weekly?
- Yes  No 8. Do you already own or use a room HEPA air filter device?
- Yes  No 9. Are you currently using a mattress or pillow covering on your child's bed?
- Yes  No 10. Does your child's bed have a down pillow or comforter?
  
- Yes  No 11. Do you have any furry pets or birds? If so, what: \_\_\_\_\_
- Yes  No 12. Are the pets inside the house?
- Yes  No 13. Are pets allowed to sleep in your child's bed or bedroom? If so, which: \_\_\_\_\_
- Yes  No 14. Do you live on or near a farm (with a barn, hay/hay pastures, farm animals)?
- Yes  No 15. Do you see any evidence of rats or mice in your home weekly?
- Yes  No 16. Do you see any evidence of cockroaches in your home?
  
- Yes  No 17. Do any family members, caregivers, or close friends smoke? If so, who and where: \_\_\_\_\_
  
- Yes  No 18. Do you see or smell mold/mildew in your home?
- Yes  No 19. Is there evidence of water damage in your home?
- Yes  No 20. Do you frequently notice condensation on your child's bedroom window, or on any windows within the home?
- Yes  No 21. Do you use a humidifier in your child's bedroom or anywhere in your home?
  
- Yes  No 22. Have you had new carpets, paint, floor refinishing, or other recent changes?
- Yes  No 23. Does anyone in the home have a hobby that uses toxic materials or emits fumes?
- Yes  No 24. Has air pollution ever made your child's asthma worse?
- Yes  No 25. Do you use a wood burning fireplace or stove? If so, how often? \_\_\_\_\_
- Yes  No 26. Does anyone in the home regularly wear perfume?
- Yes  No 27. Is your child regularly exposed to any cleaning agents or sprays?
- Yes  No 28. Do you have a vacuum cleaner with a HEPA filter?
  
- Yes  No 29. Was your home built within the past decade? If not, how old is your home? \_\_\_\_
- Yes  No 30. Do you live within 300 yards of a major roadway?
- Yes  No 31. Do you live nearby a major industry with smokestacks, or that emits chemical smells? If so, what industry: \_\_\_\_\_

Is there anything else you would like to add about your child's symptoms, or about his/her environment? If so, please do so here: \_\_\_\_\_

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