

Child Asthma Risk Assessment Tool[©]

A1. Completion Date ___/___/___ A4. Interviewer Initials ___ ___

A2. Identification Code _____ A5. Child Date Of Birth ___/___/___

A3. Language: English1 Spanish.....2

B1. What is the name of your child's school? _____
 [If summer, school [child] goes to next fall.]

B1a. What grade is you child in? _____

B2. Do any of [CHILD'S] parents, brothers, sisters, or grandparents have asthma? Yes No

B2a. If Yes, how many _____

B3. Do you have a doctor or health care provide who treats your child's asthma? Yes No
 [Does not have to be an asthma specialist.]

B4. During the past 12 months, when your child went to a doctor for asthma care, was it usually in an ER or clinic or doctor's office?

- ER 1 **[SKIP TO B6]**
- Clinic/office 2
- Both, mostly ER..... 3 **[SKIP TO B6]**
- Both, mostly clinic/office 4
- Never had doctor's visit 5 **[SKIP TO B6]**

B5a. Did your child usually see the same doctor at the clinic or office? Yes No

B5. During the past 12 months, did child take medicines for asthma? Yes No

B6. Some asthma medicines are taken only when the child is having asthma signs or symptoms. Other medicines are taken even when the child is not having symptoms

B7. Does your child take medicines only when s/he was having signs or symptoms or even when s/he was not having symptoms, or both times. (Circle one)

Only for symptoms Only when no symptoms Both

- B8. Has a doctor or health provider ever given you written instructions for what to do:
- | | | |
|---|-----|----|
| a. about taking medicines? | Yes | No |
| b. when your child starts wheezing? | Yes | No |
| c. about dealing with asthma at school? | Yes | No |
| d. about triggers/things that start asthma? | Yes | No |
- B9. Have your child had any problems taking medications at school? Yes No
- B10. Many people have problems making and keeping doctor's appointments for their child's asthma. Sometimes appointments are hard to get or people have to wait a long time. Sometimes it is hard to get to the office or they are not open at good times.
- In the past year, have you had any of these types of problems making or keeping appointments for your child's asthma? Yes No
- B11. Does your child's pillow have a zipped plastic cover for allergies? Yes No
- B12. Does [CHILD'S] mattress have a zipped plastic cover for allergies? Yes No
- B13. Do you use a Humidifier/Vaporizer for [CHILD'S] bedroom? Yes No
- B14. Is there carpeting (or rugs) in the Child's sleeping room? Yes No
- B15. Is there carpeting (or rugs) in the TV/ Family room Yes No
- B16. Does your kitchen have a gas stove? Yes No
- B17. Do you sometimes use the gas stove to help heat your house? Yes No
- B18. Is there any moisture or mildew any where in the house on the . . .
- | | | |
|---------|-----|----|
| Ceiling | Yes | No |
| Walls | Yes | No |
| Windows | Yes | No |
- B19. Have you had any problems with . . .
- | | | |
|-------------|-----|----|
| Cockroaches | Yes | No |
| Mice | Yes | No |
| Rats | Yes | No |

B29. Are you concerned about your child's behavior or emotions?

- Not at all 1
- Once in a while 2
- Pretty much..... 3
- All of the time 4

B30. Do you have any concerns about how you have been coping with things in the past few months?

- Not at all 1
- Once in a while 2
- Pretty much..... 3
- All of the time 4

B31. Have you been feeling usually stressed lately?

- Not at all 1
- Once in a while 2
- Pretty much..... 3
- All of the time 4

Below are some statements about dealing with asthma.

Please tell me if you strongly agree, agree, disagree, or strongly disagree.

B32. It is possible to control [CHILD'S] asthma so that he/she can play like other children.

- Strongly agree 1
- Agree 2
- Disagree..... 3
- Strongly disagree 4

B33. It is possible to manage [CHILD'S] asthma so he/she is free of symptoms.

- Strongly agree 1
- Agree 2
- Disagree..... 3
- Strongly disagree 4

B34. [CHILD] should not have problems from the asthma medicine he/she takes.

- Strongly agree 1
- Agree 2
- Disagree 3
- Strongly disagree 4

B35. I have little control over my child's asthma.

- Strongly agree 1
- Agree 2
- Disagree 3
- Strongly disagree 4

B36. I often feel helpless in dealing with [CHILD'S] asthma.

- Strongly agree 1
- Agree 2
- Disagree 3
- Strongly disagree 4

CHILD SKIN TEST RESULTS

[to be entered by clinical staff]

Skin test was not done. (*do not go further*)

Skin test indicates that child is Dust Mite sensitive. Yes No

Skin test indicates that child is Roach sensitive. Yes No

Skin test indicates that child is Rat sensitive. Yes No

Skin test indicates that child is Cat sensitive. Yes No

Skin test indicates that child is Dog sensitive. Yes No

Skin test indicates that child is Mold sensitive. Yes No