

Community Healthcare for Asthma Management and Prevention of Symptoms

**CHILD ASTHMA RISK ASSESSMENT TOOL (CARAT)**

**A3. Patient Name:**

**A1. Date:**

The questions on this form correspond to questions on the online CARAT evaluation tool, available at: <http://carat2.asthmarisk.org/>. You may fill out these questions directly online if you have a computer or tablet with internet access available for use with the patient. Otherwise, complete the written questionnaire with the patient and then enter the results into the CARAT website to generate a customized risk assessment report. The custom report used to identify counseling topics and modules for the asthma counseling sessions.

Note: To complete Section C, you will need completed allergen sensitivity test results.

Section A

**A2. Child's date of birth?**

**A4. Child's assessment age?**

Section B

**B1. What grade is your child in? [If summer, enter the child's grade for next fall.]**

- Kindergarten
- 1<sup>st</sup>
- 2<sup>nd</sup>
- 3<sup>rd</sup>
- 4<sup>th</sup>
- 5<sup>th</sup>
- 6<sup>th</sup>
- 7<sup>th</sup>
- 8<sup>th</sup>
- Not in school

**B2. Do any of your child's parents, brothers, sisters, or grandparents have asthma?**

- Yes
- No [SKIP TO B3]
- No response [SKIP TO B3]

**B2a. Altogether, how many of these relatives have asthma?**

\_\_\_\_\_

**B3. Do you have a regular doctor or health care provider who treats your child's asthma? [Does not have to be an asthma specialist.]**

- Yes
- No
- No response

<p><b>B4. During the past 12 months, when your child went to a doctor for asthma care, was it usually in an ER or clinic/doctor's office?</b></p> <p><input type="checkbox"/> ER [SKIP TO B5]</p> <p><input type="checkbox"/> Clinic/office</p> <p><input type="checkbox"/> Both, mostly ER [SKIP TO B5]</p> <p><input type="checkbox"/> Both, mostly clinic/office</p> <p><input type="checkbox"/> Never had a doctor's visit [SKIP TO B5]</p> <p><input type="checkbox"/> No response [SKIP TO B5]</p>	<p><b>B4a. Did your child usually see the same doctor at the clinic or office?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B5. During the past 12 months, did your child take medicines for asthma?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>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. Does your child take medicines only when he/she is having signs or symptoms or even when he/she is not having symptoms, or both times?</b></p> <p><input type="checkbox"/> Only for symptoms</p> <p><input type="checkbox"/> Only when no symptoms</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> No response</p>
<p><b>B7. Has a doctor or health care provider ever given you written instructions for what to do about taking medicines?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B8. Has your child had any problems taking medications at school?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B9. Many people have problems making and keeping doctor's appointments for their child's asthma. At other times, 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?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B10. Does your child's pillow have a zipped cover for allergies?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>

<p><b>B11. Does your child's mattress have a zipped cover for allergies?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B12. Do you use a humidifier/vaporizer in your child's bedroom?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B13. Do you have carpeting (or rugs) in your child's bedroom?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B14. Do you have carpeting (or rugs) in your TV/family room?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B15. Does your kitchen have a gas stove?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B16. Do you sometimes use the gas stove to help heat your house?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B17. Is there any moisture or mildew anywhere in the house on the... (Choose all that apply)</b></p> <p><input type="checkbox"/> Ceiling</p> <p><input type="checkbox"/> Walls</p> <p><input type="checkbox"/> Windows</p> <p><input type="checkbox"/> Floors</p> <p><input type="checkbox"/> No response</p>	<p><b>B18. Have you had any problems with... (Choose all that apply)</b></p> <p><input type="checkbox"/> Cockroaches</p> <p><input type="checkbox"/> Mice</p> <p><input type="checkbox"/> Rats</p> <p><input type="checkbox"/> No response</p>
<p><b>B19. Do you have any pets? (Choose all that apply)</b></p> <p><input type="checkbox"/> Dog</p> <p><input type="checkbox"/> Cat</p> <p><input type="checkbox"/> Hamster, guinea pig, or rabbit</p> <p><input type="checkbox"/> No response</p>	<p><b>B20. Do you smoke cigarettes?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B21. Does your child smoke cigarettes?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B22. How many other people who live in your home smoke?</b></p> <p>_____</p>

<p><b>B23. Does anyone else who takes care of your child smoke?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>	<p><b>B24. Have you ever run out of medicines for your child's asthma and not had any on hand when your child had an asthma attack?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No response</p>
<p><b>B25. For many reasons, children do not always get their medicines exactly when they are supposed to. On a scale of 1 to 5, how many problems do you usually face when trying to be sure your child gets his/her medicines? [1 is no problems with medicines and 5 is a lot of problems with medicines.]</b></p> <p style="text-align: center;">No problems <span style="margin-left: 150px;">A lot of problems</span></p> <p style="text-align: center;">1      2      3      4      5                      No response</p>	
<p><b>B26. Have you ever run out of medicines for your child's asthma and not had any on hand when your child had an asthma attack? [1 is never misses a dose and 5 is often misses a dose.]</b></p> <p style="text-align: center;">Never misses a dose <span style="margin-left: 150px;">Often misses a dose</span></p> <p style="text-align: center;">1      2      3      4      5                      No response</p>	
<p><b>B27. Does your child take asthma medication on his/her own? Would you say...</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Once in a while</p> <p><input type="checkbox"/> Quite a bit</p> <p><input type="checkbox"/> All of the time</p> <p><input type="checkbox"/> No meds</p> <p><input type="checkbox"/> No response</p>	<p><b>B28. Are you concerned about your child's behaviors or emotions?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Once in a while</p> <p><input type="checkbox"/> Quite a bit</p> <p><input type="checkbox"/> All of the time</p> <p><input type="checkbox"/> No response</p>
<p><b>B29. Do you have concerns about how you have been coping with things in the past few months?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Once in a while</p> <p><input type="checkbox"/> Quite a bit</p> <p><input type="checkbox"/> All of the time</p> <p><input type="checkbox"/> No response</p>	<p><b>B30. Have you been feeling unusually stressed lately?</b></p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Once in a while</p> <p><input type="checkbox"/> Quite a bit</p> <p><input type="checkbox"/> All of the time</p> <p><input type="checkbox"/> No response</p>

<p><b>B31. It is possible to control my child's asthma so that he/she can play like other children.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> No response</p>	<p><b>B32. It is possible to manage my child's asthma so he/she is free of symptoms.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> No response</p>
<p><b>B33. My child should not have problems from the asthma medicine he/she takes.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> No response</p>	<p><b>B34. I have little control over my child's asthma.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> No response</p>
<p><b>B35. I often feel helpless in dealing with my child's asthma.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p> <p><input type="checkbox"/> No response</p>	
Section C	
<p><b>C1. Are skin test results available for this child?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>Does the skin test indicate that child is allergic to the following:</b></p> <p><b>C2. Dust mites</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>C3. Cockroaches</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>C4. Rodents</b>        <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>C5. Cats</b>            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>C6. Dogs</b>            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>C7. Mold</b>            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>