

Peninsula Puffers Asthma Camp

Pre-camp Parent Survey

Child's Name: _____ Age: _____

Parent Name: _____ Date: _____

My child has had asthma since the age of _____.

In the last six (6) months, my child has seen a physician for their asthma.

☐ One (1) time ☐ Two (2) times ☐ Three to four (3-4) times

In the last six (6) months, my child has been to the hospital due to asthma how many times:

☐ None ☐ One (1) time ☐ Two (2) times ☐ Three (3) times

In the last six (6) months, my child has spent a night at the hospital. ☐ Yes ☐ No

My child wakes up at night coughing or with trouble breathing:

☐ Every night ☐ One or more times (1+) per week
☐ Two or more (2+) times per month ☐ Never

My child has used medication for asthma trouble (rescue medication)

☐ More than once (1+) per day ☐ Two to seven (2-7) times per week
☐ Less than one (<1) time per week ☐ Don't know

My child takes medication (control medication) for his/her asthma when they are not having asthma trouble:

☐ Every day ☐ Sometimes ☐ Does not use when well ☐ Don't know

My child uses a peak flow meter

☐ Every day ☐ Several times a month
☐ Only when having asthma symptoms ☐ Don't know what this is

My child's asthma triggers are:

1. _____ 2. _____
3. _____ 4. _____

My child's asthma keeps him/her from running or playing:

☐ Sometimes ☐ Sometimes, but not often ☐ Never

I missed work because of my child's asthma this year:

☐ Once a week ☐ Once a month ☐ Twice a month
☐ Less than once a year ☐ Never

In the past six (6) months, my child was prescribed oral steroids for asthma. ☐ Yes ☐ No

I feel in control of my child's asthma. ☐ Yes ☐ No