

**Peninsula Puffers Asthma Camp**

**Pre- Camp Parent Survey**

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

My child has had asthma since the age of \_\_\_\_\_.

In the last 6 month, my child has seen a physician for their asthma.

- 1 time                       2 times                       3-4 times

My child has been to the hospital due to their asthma \_\_\_\_\_ times in the last 6 months.

- Never                       1 time                       2 times                       3 times

In the last 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                       1 time a week or more                       More than 2 times a month                       Never

My child used medication for asthma trouble (rescue medication)

- More than 1 time per day                       2 to 7 times per week  
 Less than 1 time per week                       Don't know

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

- Every day     Sometimes     Does not use medicine 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

- I time a week     1 time per month     2 times per month     Less than 1 time per year

My child has been prescribed oral steroids in the past six months for their asthma.

- Yes                       No

I feel in control of my child's asthma.

- Yes                       No

