

## **ASTHMA HISTORY QUESTIONNAIRE**

(To be completed by parent/caregiver)

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ M / F \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_

Tel: Home \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

General Practitioner(GP) \_\_\_\_\_

Address \_\_\_\_\_

### **About your child's Asthma**

1. When was your child diagnosed with Asthma \_\_\_\_\_

2. What triggers your child's Asthma (if known) \_\_\_\_\_

3. Is your child's Asthma? (please tick):-

- Mild (uses reliever blue inhaler occasionally)

- Moderate (uses preventer and occasional blue inhaler)

- Severe (uses preventer, regular reliever and other medication)

4. Does your child have disrupted sleep due to his/her Asthma? (please tick as appropriate):-

- Rarely
- Occasionally
- Frequently

**5. How many times (if any) has your child attended the accident and emergency (A&E) department with an acute Asthma attack in the past year?**

- Not Attended
- More than once  State how many times

**6. Who monitors your child's Asthma** (if under the hospital please give name)

**7. How often is your child seen by the Hospital / GP/ Practice Nurse (please tick):-**

- Only when he/she has an Asthma attack
- On a 3 -6 monthly (or more frequent basis)
- Annual check by GP

**8. What inhalers / medications has your child been prescribed.**

1. Reliever (Name)
2. Preventer (Name)
3. Other (Name)

**9. Can the family GP be contacted for information where required.  
Yes / No.**

## **INSTRUCTIONS FOR USE OF INHALER (IN SCHOOL)**

Inhalers must be **clearly** labeled with your child's full name and class.  
It is the responsibility of the parent / care giver to ensure inhalers are **replaced** and  
are **in date** as recommended by the manufacturers.

- Name of reliever inhaler \_\_\_\_\_
- Frequency of use \_\_\_\_\_
- Does your child need his/her reliever inhaler before PE/sport      Yes / No  
If yes how many puffs required \_\_\_\_\_ Puffs
- Does your child need assistance taking his/her inhaler                      Yes / No
- Does your child have a clear understanding as to when he / she needs to use  
their Inhaler    Yes / No
- Does your child know where his /her inhaler is kept in school.      Yes / No

### **Additional Instructions:**

**Signed:** \_\_\_\_\_ Parent / Care Giver

**Date:** \_\_\_\_\_

### **Emergency contact Phone numbers:**

Mother -home	mobile	work
Father - home	mobile	work
Caregiver - home	mobile	work
Other - home	mobile	work