Patient Visit #1

ASTHMA PRE-VISIT QUESTIONNAIRE

Patient Name: _____

Date: _____

Date of Birth: _____ Age: _____

Before your visit with Dr. _____ to discuss your child's asthma, please take a moment to fill out the form below. Thank you.

Frequency of Symptoms

1. Number of days in the last 2 weeks with daytime coughing, wheezing, Shortness of breath (SOB) or tightness in chest:
2. Number of nights in the last month with coughing, wheezing, SOB or tightness in chest:
3. Number of times in the last week needed quick-relief asthma medication for coughing, wheezing, SOB:
4. Number of times asthma symptoms interfered with activity in past 2 weeks:
5. Date of last asthma attack, flare-up or exacerbation:
6. Number of missed school days due to asthma in the past month:
7. Number of days parent/guardian/caregiver lost work due to child's asthma in the past month:
8. Number of hospitalizations for asthma symptoms in the last 6 months:
9. Number of visits to the ED for asthma symptoms in the last 6 months:
10. Number of visits to this or any other clinic because of acute asthma symptoms in the last 6 months:

Influenza vaccine (please circle)

11. Has the patient had an influenza vaccine in the last 12 months? **Yes** **No** **Not Sure**

Equipment (please circle)

12. Patient has a nebulizer machine: **Yes** **No** **Not Sure**
13. Patient has a spacer: **Yes** **No** **Not Sure**

Home/Environment Assessment* (please circle)

14. Smoking in the house: **Yes** **No**
15. Lives in a {**house** or **apartment**} Home has {**central air** or **wall unit**}
16. Is your child's asthma worse at night? **Yes** **No** **Not Sure**
17. Is your child's asthma worse at specific locations? **Yes** **No** **Not Sure**

    If so, where? _____
18. Is your child's asthma worse during a particular season? **Yes** **No** **Not Sure**

    If so, which one? _____
19. Is your child's asthma worse with a particular change in climate? **Yes** **No** **Not Sure**

If so, which? _____

20. Can you identify any specific trigger(s) that makes your child's asthma worse? **Yes No Not Sure**

    If so, what? _____

21. Have you noticed whether dust exposure make's your child's asthma worse? **Yes No Not Sure**
22. Does your child sleep with stuffed animals? **Yes No Not Sure**
23. Is there wall-wall carpet in your child's bedroom? **Yes No Not Sure**
24. Have you used any means for dust mite control? **Yes No Not Sure**

    If so, which ones? _____

25. Do you have any furry pets? **Yes No Not Sure**
26. Do you see evidence of rats or mice in your home weekly? **Yes No Not Sure**
27. Do you see cockroaches in your home daily? **Yes No Not Sure**
28. Do any family members, caregivers or friends smoke? **Yes No Not Sure**
29. Does this person(s) have an interest or desire to quit? **Yes No Not Sure**
30. Does your child/teenager smoke? **Yes No Not Sure**
31. Do you see or smell mold/mildew in your home? **Yes No Not Sure**
32. Is there evidence of water damage in your home? **Yes No Not Sure**
33. Do you use a humidifier or swamp cooler? **Yes No Not Sure**
34. Have you had new carpets, paint, floor refinishing, or other changes at your house in the past year?

    Yes No Not Sure

35. Does your child or another family member have a hobby that uses materials that are toxic or give off fumes?

    Yes No Not Sure

36. Has outdoor air pollution ever made your child's asthma worse? **Yes No Not Sure**
37. Does your child limit outdoor activities during a Code Orange or Code Red air quality alert for ozone or particle pollution? **Yes No Not Sure**
38. Do you use a wood burning fireplace or stove? **Yes No Not Sure**
39. Do you use unvented appliances such as a gas stove for heating your home? **Yes No Not Sure**
40. Does your child have contact with other irritants (e.g. perfumes, cleaning agents, or sprays)?

    Yes No Not Sure

41. What other concerns do you have regarding your child's asthma that have not yet been discussed?

_____

_____

*Adapted from Asthma Environmental History Form, NEEF https://www.neefusa.org/resource/asthma-environmental-history-form
Reference: Environmental Management of Pediatric Asthma: Guidelines for Health Care Providers www.neefusa.org/resource/environmental-management-pediatric-asthma-guidelines-health-care-providers