

**DOES MY CHILD HAVE ASTHMA?**

Student: _____ Date: _____

The purpose of this form is to help parents answer the question “is there a possibility that my child has asthma?” No paper and pencil test can completely answer this question. However, if you check no boxes below, the possibility of asthma is very unlikely. If possible, include your child to help answer these questions.

Does your child experience any of the following?:

- Frequent cough, worse particularly at night
- Wheezing or noisy breathing (especially when breathing out)
- Difficulty in breathing
- Complaints of chest tightness

Do these symptoms occur or worsen in the presence of:

- Exercise
- Viral Infection
- Animals with fur or hair
- House-dust mites (in mattresses, pillows, upholstered furniture, carpets)
- Mold
- Smoke (tobacco, wood)
- Pollen
- Changes in weather
- Strong emotional expression (laughing or crying hard)
- Airborne chemicals or dusts
- Menses

Do these symptoms occur or worsen at night, awakening you/your child?

- Yes No

Do these symptoms make it difficult for you/your child to run, play, or work?

- Yes No

If you checked one or more items, it is important that you share this information with your health care provider. A complete asthma evaluation may be helpful, including a medical history, physical examination, lung tests, spirometry, and additional studies (i.e. radiology tests and allergy testing). Asthma is a common lung condition in childhood. We hope you will evaluate your child’s health and seek special care if this seems wise. Together we can fight asthma.