

ASTHMA HISTORY QUESTIONNAIRE

(to be completed by parent / carer)

About your Child's Asthma

Child's Name: Male / Female		Date of Birth	
Address:		Home	
		Mobile	
		Work	
GP Address		GP Name	
		GP Phone	
When was your child diagnosed with Asthma?			
What triggers your child's Asthma (if known)?			
Is your Child's Asthma <i>Please Tick</i>	Mild <i>Uses reliever blue inhaler occasionally</i>	Moderate <i>Uses preventer and occasional blue inhaler</i>	Severe <i>Uses preventer, regular reliever and other medication.</i>
Does your child have disrupted sleep due to his / her Asthma? <i>Please Tick</i>	Rarely	Occasionally	Frequently
How many times (if any) has you child attended the accident and emergency (A& E) department with an acute asthma attack in the past year?	Not Attended	Once or More	State how many times?
Who monitors your child's Asthma (if under the hospital please give name)?			
How often is your child seen by Hospital / GP / Practice Nurse	Only when he / she has an Asthma attack	On a 3-6 monthly (or more frequent basis)	Annual Check Up by GP
What Inhalers / Medications has your child been prescribed?	Reliever (Name)	Preventer (Name)	Any Other
Can the family GP be contacted for information where required?	Yes	No	

Asthma Maintenance Plan

Name:

Class:

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?			
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	
Does your child use a spacer when using their inhaler?	Yes	No	
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.	Yes	No	
Additional Instructions:			
Parents/Carer signature			
Date			
Review Due			