

Child Asthma Risk Assessment Tool[®]

- *Section A* asks for general information regarding the date of the assessment, the child's date of birth, and the child's age. *Section A* also asks for an assessment name. Choose an assessment name that will be helpful for you for future reference when reviewing the report. For example, you may choose to name the assessment the name of the child for whom you are filling out the assessment.
- Most questions in *Section B* and *Section C* are answered by choosing the appropriate answer from the list of answers for that question. If you do not have the child's allergy skin test results, skip *Section C*.
- For any questions that you do not know the answer to, choose 'No response.'

Completed by:

A1. Completion Date:

MM/DD/YYYY

A3: Assessment Name:

A2. Child's Date of Birth:

MM/DD/YYYY

A4. Child's Age:

B1. What grade is your child in?

[If summer, enter the child's grade for next fall.]

0 - Kindergarten

1

2

3

4

5

6

7

8

9

10

11

12

Not in school

B2. Do any of your child's parents, brothers, sisters, or grandparents have asthma?

Yes

No

No Response

B2a. All together, how many of these relatives have asthma?

B3. Do you have a regular doctor or health care provider who treats your child's asthma?
[Does not have to be an asthma specialist.]

Yes
No
No Response

B4. During the past 12 months, when your child went to a doctor for asthma care, was it usually in an ER or clinic/doctor's office?

ER
Clinic/office
Both, mostly ER
Both, mostly clinic/office
Never had doctor's visit
No Response

B4a. Did your child usually see *the same doctor* at the clinic or office?

Yes
No
No Response

B5. During the past 12 months, did your child take medicines for asthma?

Yes
No
No Response

B6. Some asthma medicines are taken only when the child is having asthma signs or symptoms. Other medicines are taken even when the child is not having symptoms. Does your child take medicines only when he/she is having signs or symptoms or even when he/she is not having symptoms, or both times?

Only for symptoms
Only when no symptoms
Both
No Response

B7. Has a doctor or health care provider ever given you *written* instructions for what to do about taking medicines?

Yes
No
No Response

B8. Has your child had any problems taking medications at school?

Yes
No
No Response

B9. Many people have problems making and keeping doctor's appointments for their child's asthma. At other times, it is hard to get to the office or they are not open at good times. In the past year, have you had any of these types of problems making or keeping appointments for your child's asthma?

Yes
No
No Response

B10. Does your child's *pillow* have a zipped plastic cover for allergies?

Yes
No
No Response

B11. Does your child's *mattress* have a zipped plastic cover for allergies?

Yes
No
No Response

B12. Do you use a humidifier/vaporizer in your child's bedroom?

Yes
No
No Response

B13. Do you have carpeting (or rugs) in your child's bedroom?

Yes
No
No Response

B14. Do you have carpeting (or rugs) in your TV/family room?

Yes
No
No Response

B15. Does your kitchen have a gas stove?

Yes
No
No Response

B16. Do you sometimes use the gas stove to help heat your house?

Yes
No
No Response

B17. Is there any moisture or mildew anywhere in the house on the...

a. Ceiling?

Yes
No
No Response

b. Walls?

Yes
No
No Response

c. Windows?

Yes
No
No Response

B18. Have you had any problems with...

a. Cockroaches?

Yes
No
No Response

b. Mice?

Yes
No
No Response

c. Rats?

Yes
No
No Response

B19. Do you have any pets?

a. Dog?

Yes
No
No Response

b. Cat?

Yes
No
No Response

c. Hamster, guinea pig, or rabbit?

Yes
No
No Response

B20. Do you smoke cigarettes?

Yes
No
No Response

B21. Does your child smoke cigarettes?

Yes
No
No Response

B22. How many other people who live in your home smoke?

B23. Does anyone else who takes care of your child smoke?

Yes
No
No Response

B24. Have you ever run out of medicines for your child's asthma and not had any on hand when your child had an asthma attack?

Yes
No
No Response

B25. For many reasons, children do not always get their medicines exactly when they are supposed to.

1-No problems
2
3
4
5-A lot of problems
No Response

On a scale of 1 to 5, how many problems do you usually face when trying to be sure your child gets his/her medicines? [1 is no problems with medicines and 5 is a lot of problems with medicines.]

B26. On a scale of 1 to 5, how would you rate your child's experience with taking his/her medicines exactly on schedule? [1 means never missing a dose of medicine and 5 means often missing a dose of medicine.]

1-Never misses a dose
2
3
4
5-Often misses a dose
No Response

B27. Does your child take asthma medication on his/her own? Would you say...

Not at all
Once in a while
Quite a bit
All of the time
No meds
No Response

B28. Are you concerned about your child's behavior or emotions?

Not at all
Once in a while
Quite a bit
All of the time
No Response

B29. Do you have any concerns about how you have been coping with things in the past few months?

Not at all
Once in a while
Quite a bit
All of the time
No Response

B30. Have you been feeling unusually stressed lately?

Not at all
Once in a while
Quite a bit
All of the time
No Response

For questions B31-35, please indicate whether you agree or disagree with the statement.

B31. It is possible to control my child's asthma so that he/she can play like other children.

Strongly agree
Agree
Disagree
Strongly disagree
No Response

B32. It is possible to manage my child's asthma so he/she is free of symptoms.

Strongly agree
Agree
Disagree
Strongly disagree
No Response

B33. My child should not have problems from the asthma medicine he/she takes.

Strongly agree
Agree
Disagree
Strongly disagree
No Response

B34. I have little control over my child's asthma.

Strongly agree
Agree
Disagree
Strongly disagree
No Response

B35. I often feel helpless in dealing with my child's asthma.

Strongly agree
Agree
Disagree
Strongly disagree
No Response

CHILD SKIN TEST RESULTS

C1. Are skin test results available for this child?

Yes
No
No Response

C2. Does the skin test indicate that your child is sensitive to *dust mites*?

Yes
No
No Response

C3. Does the skin test indicate that your child is sensitive to *cockroaches*?

Yes
No
No Response

C4. Does the skin test indicate that your child is sensitive to *rodents*?

Yes
No
No Response

C5. Does the skin test indicate that your child is sensitive to *cats*?

Yes
No
No Response

C6. Does the skin test indicate that your child is sensitive to *dogs*?

Yes
No
No Response

C7. Does the skin test indicate that your child is sensitive to *mold*?

Yes
No
No Response