**Questions for Parent of Child W/ Asthma**

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|---|---|
| Childs Name: | |
| Person Being Interviewed: | |
| Date of Interview: | |
| FW: | |
| Center: | |

**1. How long has your child had reactive airway disease or asthma?**

**2. Has your child ever been to the hospital or emergency room for asthma?**

**3. Does your child have allergies? If yes, what?**

**4. Do you know what triggers the asthma?**

**5. What does your child do when they need their inhaler? (cough, wheeze, have difficulty breathing)**

**6. Who is your childs doctor?**

**7. What medicine is your child using?**

**8. How often does your child use the medicine? (EX once a month, once a week)**

**9. When was the last time he/she had to use the medicine?**

**10. Is there anything else we should know regarding giving the medication?**

**11. Are there any other Health Concerns, or does your child take any other medications?**