

Child's Name _____

Grade _____ Teacher _____

CHILDREN'S LUNG HEALTH SURVEY

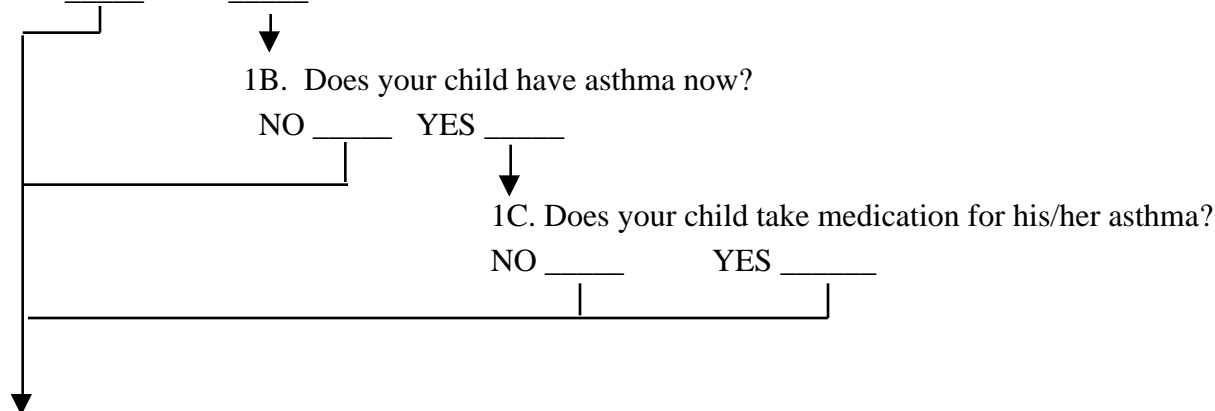
Dear Parents: Respiratory illness and asthma can affect school attendance and learning. To plan health services for our schools, we request that you take a few minutes to answer the questions on this page. It is important that we receive a survey for each child. All of your answers will be kept confidential. The questions were developed with the help of the American Lung association and the City of Albuquerque Environmental Health Department.

Thank you!

PLEASE CHECK YOUR ANSWERS

1A. Have you ever been told by a doctor that your child has asthma?

NO _____ YES _____



1B. Does your child have asthma now?

NO _____ YES _____

1C. Does your child take medication for his/her asthma?

NO _____ YES _____

2. *During the last 12 months*, has your child had attacks of wheezing (whistling in the chest)?

NO _____ YES _____

3. *During the last 12 months*, have you heard your child wheeze or cough during or after active play?

NO _____ YES _____

4. Other than a cold, has your child had a dry cough at night during the last 12 months?

NO _____ YES _____

5. *During the last 12 months*, has your child been to a doctor, an emergency room, or a hospital for wheezing?

NO _____ YES _____