



### ASTHMA DATA COLLECTION FORM

<b>Patient Name:</b>	<b>Provider Name:</b>
<b>Date of Birth:</b>	<b>Other Patient Identifier (office use):</b>
<b>Date of Visit:</b>	<b>Insurance Company:</b>

**Parents – Please complete the following section:**

1. Has your child visited the Emergency Room or Urgent Care due to asthma in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has your child been admitted to the hospital due to asthma in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. How many days of work have you and/or your spouse missed due to your child's asthma since your last asthma visit?	
4. How many days of school has your child missed due to asthma since your last asthma visit?	
5. How confident are you in your ability to manage your child's asthma? (Please Mark One) <input type="checkbox"/> Not Confident <input type="checkbox"/> Somewhat Confident <input type="checkbox"/> Very Confident	
6. How frequently has your child experienced episodes of cough, shortness of breath, wheeze, chest tightness, or reduced activity due to asthma since your last asthma visit? During the DAY: <input type="checkbox"/> Once per day <input type="checkbox"/> 3-6 times per week <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> Less than twice per month During the NIGHT: <input type="checkbox"/> Once per day <input type="checkbox"/> 3-6 times per week <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> Less than twice per month	
7. Does your child have recurrent nose and/or eye symptoms (runny nose, nose rubbing, sneezing) in the spring or fall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. How would you rate your overall satisfaction with your child's asthma care? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

**Please DO NOT complete anything beyond this point. The opposite side of the page is for OFFICE USE ONLY.**