

School Asthma and Allergy Screen

**Please answer each question by marking the box next to NO or YES with an "X."
If you feel that the best answer would be "sometimes," mark the box for YES.**

1. Has a doctor or nurse EVER told you that your child has asthma? NO YES

If the answer is yes:

- a. Who told you? doctor nurse other _____
- b. How old was your child at that time? _____ years

2. Does your child EVER:

- a. Wheeze (have whistling in the chest)? NO YES
- b. Have a cough that will not go away? NO YES
- c. Cough at night when the child does not have a cold? NO YES
- d. Have breathing problems when the air temperature changes? NO YES

3. Has your child had any of the following that lasted **more than a week**:

- a. Itchy or watery or puffy eyes? NO YES
- b. Sneezing or sneezing attacks? NO YES
- c. Itchy eyes or sneezing more at certain times of the year? NO YES

4. Does your child ever take medicine for allergies? NO YES

5. Has your child ever had a breathing problem so bad that the child had to be seen by a doctor right away? NO YES

Asthma and Allergy Screen - SCORING

1. Has a doctor or nurse EVER told you that your child has asthma? NO YES

***If YES, do not calculate asthma score. Skip to allergy score.
If YES, report "previous diagnosis of asthma."
If NO, calculate asthma score below.***

2. Does your child EVER:

- | | | |
|--|------|-------|
| a. Wheeze (have whistling in the chest)? | 0 NO | 1 YES |
| b. Have a cough that will not go away? | 0 NO | 1 YES |
| c. Cough at night when the child does not have a cold? | 0 NO | 1 YES |
| d. Have breathing problems when the air temperature changes? | 0 NO | 1 YES |

Add 2 (a, b, c, d) to get asthma score:

***Score of 1 or more = Possible asthma. A full evaluation by your child's doctor or an allergist is recommended
Score of 0 = asthma is not present by this survey***

3. Has your child had any of the following that lasted more than a week:

- | | | |
|--|------|-------|
| a. Itchy or watery or puffy eyes? | 0 NO | 1 YES |
| b. Sneezing or sneezing attacks? | 0 NO | 1 YES |
| c. Itchy eyes or sneezing more at certain times of the year? | 0 NO | 1 YES |

4. Does your child ever take medicine for allergies? **0 NO 1 YES**
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Add 3 (a, b, c) and 4 to get allergy score:

***Score of 2 or more = possible allergic rhinitis. A full evaluation by your child's doctor or an allergist is recommended
Score of 0 or 1 = no symptoms of allergic rhinitis by this survey***