

Appendix 3: Illinois Emergency Department Asthma Collaborative Study—Child Asthma Assessment

CHILD ASTHMA ASSESSMENT SELF-ADMINISTERED BY PARENT OR GUARDIAN VERSION

FOR STAFF TO COMPLETE:

Study ID: -

Date: ____/____/____
MONTH DAY YEAR

Survey Start Time: _____: _____ (MILITARY TIME)

Survey Completion Time: _____: _____ (MILITARY TIME)

Please check or fill in the answers to the following questions in reference to your child. When finished, please return your completed form to the staff member.

- 1.** Prior to this Emergency Room visit, when did your child's asthma symptoms begin to worsen? (SELECT ONE RESPONSE)
- 1 At least 7 days ago
 - 2 2- 6 days ago
 - 3 1 day ago
 - 4 Less than 1 day

- 2.** In the past 24 hours, including during the night, how many times did your child use albuterol, Alupent, Ventolin, Proventil, or Maxair either by inhaler or nebulizer before coming to the Emergency Room? (SELECT ONE RESPONSE)
- 1 Greater than 20 times
 - 2 10 to 19 times
 - 3 6 to 9 times
 - 4 Less than 6 times
 - 5 Did not use any of these medications

Asthma Symptoms

- 3.** During the past 4 weeks, before the time your child's asthma began to worsen, how frequently did your child have coughing, wheezing, shortness of breath, chest tightness, or other asthma symptoms? (SELECT ONE RESPONSE)
- 1 Everyday
 - 2 Almost every day
 - 3 Several times a week
 - 4 Once a week
 - 5 Less than once per week

- 4.** During the past 4 weeks, before the time your child's asthma began to worsen, how many nights did your child awaken due to coughing, wheezing, shortness of breath, chest tightness, or other asthma symptoms? (SELECT ONE RESPONSE)
- 1 Every night
 - 2 Almost every night
 - 3 Several nights a week
 - 4 Once a week
 - 5 Less than once per week

- 5.** During the past 4 weeks, before the time your child's asthma began to worsen, how much of the time did your child have difficulty performing school activities, play, or other regular daily activities as a result of [his/her] asthma? (SELECT ONE RESPONSE)
- 1 All of the time
 - 2 Most of the time
 - 3 Some of the time
 - 4 Little of the time
 - 5 None of the time

Asthma Medications

- 6.** During the past 4 weeks, before the time your child's asthma began to worsen, how often did your child use albuterol, Alupent, Ventolin, Proventil, or Maxair inhaler for [his/her] asthma? (SELECT ONE RESPONSE)
- 1 Everyday
 - 2 Almost every day
 - 3 Several times a week
 - 4 Once a week
 - 5 Less than once per week
 - 6 Did not use inhaler

If answer to question 6 is "Did not use inhaler," go to question 7. Otherwise continue with 6a.

- 6a.** During the past 4 weeks, how long would you estimate that one canister of albuterol, Alupent, Ventolin, Proventil, or Maxair lasted your child? (SELECT ONE RESPONSE)
- 1 Less than 2 weeks
 - 2 2-4 weeks
 - 3 1 month or more

- 7.** During the past 4 weeks, before the time your child's asthma began to worsen, how often did your child use albuterol by [his/her] nebulizer machine? (SELECT ONE RESPONSE)
- 1 Everyday
 - 2 Almost every day
 - 3 Several times a week
 - 4 Once a week
 - 5 Less than once per week
 - 6 Did not use nebulizer machine

- 8.** During the past 4 weeks, before the time your child's asthma began to worsen, did your child use inhaled or nebulized steroids such as Flovent, Pulmicort, Aerobid, Advair, Azmacort, Beclovent, or Vanceril for [his/her] asthma? Do not include pills or liquid.

- 1 Yes
- 2 No

If answer to question 8 is "No," go to question 9. Otherwise continue with 8a.

- 8a.** During the past 4 weeks, how often did your child take inhaled or nebulized steroids? (SELECT ONE RESPONSE)
- 1 Everyday
 - 2 Almost every day
 - 3 Several times a week
 - 4 Once a week
 - 5 Less than once per week

Asthma Medications (continued)

9. Does your child use cromolyn (also known as Intal) or nedocromil (also known as Tilade) for [his/her] asthma?

- 1 Yes
2 No

If answer to question 9 is "No," go to question 10. Otherwise continue with 9a.

9a. During the past 4 weeks, how often did your child use an inhaler or nebulizer to take cromolyn or nedocromil? (SELECT ONE RESPONSE)

- 1 Everyday
2 Almost every day
3 Several times a week
4 Once a week
5 Less than once per week

10. During the past 4 weeks, has your child used Serevent or Foradil?

- 1 Yes
2 No

11. During the past 4 weeks, has your child used Primatene Tablets or Mist?

- 1 Yes
2 No

12. During the past 4 weeks, has your child used any steroid **pill or liquid** medications such as prednisone, pediapred, prednisolone, or prelonex?

- 1 Yes
2 No

13. During the past 4 weeks, has your child taken Singulair?

- 1 Yes
2 No

14. During the past 4 weeks, has your child taken Accolate?

- 1 Yes
2 No

15. During the past 4 weeks, has your child taken **pill or liquid** Theophylline, Aerolate, Elixophyllin, Quibron, Slo-Bid, Slo-phyllin, Theo-24, Theo-dur, or Uniphyll?

- 1 Yes
2 No

16. During the past 4 weeks, has your child taken **pill or liquid** albuterol, Proventil, Ventolin, Terbutaline, Brethine, Bricanyl, Isuprel, or Metaprel?

- 1 Yes
2 No

Asthma Care

17. During the past 4 weeks, how many times did your child visit any doctor's office or clinic for problems with [his/her] asthma? (SELECT ONE RESPONSE)

- 0 Did not go to doctor's office/clinic
1 1 time
2 2 times
3 3 times or more

18. Not including today's visit, in the past 12 months, how many times did your child visit any Emergency Room for problems with [his/her] asthma? (SELECT ONE RESPONSE)

- 0 Did not go to the ER
1 1 time
2 2 times
3 3 times or more

19. In the past 12 months, how many times was your child admitted to any hospital overnight for problems with [his/her] asthma? (SELECT ONE RESPONSE)

- 0 Was not admitted to hospital overnight
1 1 time
2 2 times
3 3 times or more

If answer to question 19 is "Was not admitted to hospital overnight," go to question 20. Otherwise continue with 19a.

19a. During any of the hospitalization(s) mentioned above, was your child ever intubated? In other words, did your child have a tube in [his/her] lungs connected to a breathing machine?

- 1 Yes
2 No

20. Was your child born a premature baby?

- 1 Yes
2 No

Insurance and Physician Contact

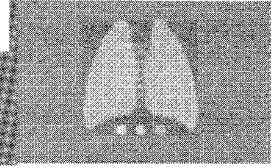
21. Does your child currently have health insurance such as private insurance or Medicaid?

- 1 Yes
2 No

If answer to question 21 is "No" go to question 22. Otherwise continue with 21a.

21a. During the past year, has your child gone one or more months without health insurance coverage?

- 1 Yes
2 No



Insurance and Physician Contact (continued)

22. Is there a physician who you contact by telephone when your child's asthma worsens? Yes No

If answer to question 22 is "No" go to question 23. Otherwise continue with 22a.

22a. For this current asthma attack, did you successfully contact your child's physician? (SELECT ONE RESPONSE)

Yes, by telephone
 Yes, by office visit
 Yes, by telephone and office visit
 No
 Did not try to contact physician

General Information

23. Is your child male or female? Male Female

24. Record your child's date of birth. _____/_____/_____
 (Month) (Day) (Year)

25. Is your child Spanish/Hispanic/Latino? (SELECT ALL THAT APPLY. SELECT "NO" IF NOT SPANISH/ HISPANIC/ LATINO.)

No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino

26. What best describes your child's race/ethnicity? (SELECT THOSE THAT APPLY. MAY SELECT ONE OR MORE RACES.)

White
 Black
 Asian
 Other: _____

27. Have you ever completed this survey in the past? Yes No

28. Record the last four (4) digits of your child's Social Security Number.

No Social Security Number
 Don't know

Thank you for completing this survey. Please give it to the staff member who will now review this survey with you.

FOR STAFF TO COMPLETE

I have reviewed this survey and it is complete.
 Staff initials: _____

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Pediatrics 2006;117;S169
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