Hello! We would like to ask you some questions about the program and about your asthma. This is not a test. We would like you to answer the questions honestly. We respect your privacy. When you submit your answers, they will not be saved with your name. No one will be able to know which answers you gave. This survey is controlled by the Research & Evaluation Group at Public Health Management Corporation, who will share all de-identified survey responses with the American Lung Association.

Please answer the following questions about yourself:

What grade are you in? ________________

What is your age? ______

Have you ever participated in Open Airways before?

☐ No, this is my first time
☐ Yes, I’ve done this before
☐ I’m not sure

Please answer the following questions about your asthma:

1) If you have breathing trouble, how often do you rest and relax?

☐ None of the time
☐ Some of the time
☐ Most of the time
☐ All of the time

2) How often do you tell an adult when you have trouble breathing?

☐ None of the time
☐ Some of the time
☐ Most of the time
☐ All of the time

Remember to turn the page!
3) How often do you use a spacer when you use your asthma inhaler?
   - None of the time
   - Some of the time
   - Most of the time
   - All of the time
   - I don't have a spacer

4) How often do you use a peak flow meter when you feel your breathing getting worse?
   - None of the time
   - Some of the time
   - Most of the time
   - All of the time
   - I can't tell when my breathing is getting worse

5) Which of the following are asthma triggers? (Check all that apply.)
   - Mold
   - Exercise
   - Smoke
   - Pollen
   - Cold Weather

6) What asthma medication should you take right away if you have trouble breathing?
   - Quick Relief Inhaler
   - Controller Inhaler
   - All of the above
   - None of the above

7) What happens during an asthma episode? (Check all that apply.)
   - Muscles around the airways get tight
   - Swelling in the airways
   - Extra mucus in the airways
   - None of the above
Part 2: Asthma Control Test from GlaxoSmithKline

1. How is your asthma today?
   - 0: Very bad
   - 1: Bad
   - 2: Good
   - 3: Very good

2. How much of a problem is your asthma when you run, exercise or play sports?
   - 0: A big problem - I can't do what I want to do.
   - 1: A problem - I don't like it.
   - 2: A little problem, but it's okay.
   - 3: It's not a problem.

3. Do you cough because of your asthma?
   - 0: Yes, all of the time.
   - 1: Yes, most of the time.
   - 2: Yes, some of the time.
   - 3: No, none of the time.

4. Do you wake up during the night because of your asthma?
   - 0: Yes, all of the time.
   - 1: Yes, most of the time.
   - 2: Yes, some of the time.
   - 3: No, none of the time.