

DOH ID: HD002331

Student Name \_\_\_\_\_

Open Airways Facilitators may fold or tear along this line to submit de-identified data after completing the Unique ID field

**Facilitator Section**

**POST**

Student Unique ID \_\_\_\_\_ Date \_\_\_\_\_

School/Location Name \_\_\_\_\_

Did the student complete Q1-Q11 (below) independently?

- No – I provided assistance (e.g., by reading the questions aloud)
- Yes – the student completed this independently, without any assistance

*Facilitators should complete the fields above. Write out the full school name, do not use abbreviations.*

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!**

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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

Remember to  
turn the page!





Part 2: Asthma Control Test from  GlaxoSmithKline

Have the child complete these questions.





1. How is your asthma today? SCORE

 <b>0</b> Very bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very good	<input type="checkbox"/>
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2. How much of a problem is your asthma when you run, exercise or play sports?

 <b>0</b> A big problem - I can't do what I want to do.	 <b>1</b> A problem - I don't like it.	 <b>2</b> A little problem, but it's okay.	 <b>3</b> It's not a problem.	<input type="checkbox"/>
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3. Do you cough because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.	<input type="checkbox"/>
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4. Do you wake up during the night because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.	<input type="checkbox"/>
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