

DOH ID: **HD002328** 

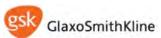
Student Name	
Kickin' Asthma Facilitators may fold or tear along this line to submit de-identified data <u>afte</u>	er completing the Unique ID field
Facilitator Section	POST
Student Unique ID Date School/Location Name	
Did the student complete Q1-Q14 (below) independently?  ☐ No – I provided assistance (e.g., by reading the questions aloud)  ☐ Yes – the student completed this independently, without any assistance.	istance
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 are is <b>not</b> a test. We would like you to answer the questions honestly. We When you submit your answers, they will not be saved with your name know which answers you gave. This survey is controlled by the Resear Public Health Management Corporation, who will share all de-identified the American Lung Association.	e respect your privacy. e. No one will be able to rch & Evaluation Group at
Please answer the following questions about yourself:	
What grade are you in?	
What is your age?	
Have you ever <b>participated in Kickin' Asthma before</b> ?  ☐ 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) How often do you <b>tell an adult</b> when you have trouble breathing?  □ None of the time □ Some of the time □ Most of the time □ All of the time	
2) How often do you <b>use a spacer</b> when you use your asthma inhaler?  □ None of the time □ Most of the time □ All of the time □ I don't have a spacer	Remember to turn the page!

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3) How often do you use a peak flow meter v	vhen you feel your breathing	getting worse?
☐ None of the time		
☐ Some of the time		
☐ Most of the time		
☐ All of the time		
$\square$ I can't tell when my breathing is getting $v$	worse	
4) Which of the following are asthma triggers	? (Check all that apply.)	
□ Mold		
□ Exercise		
□ Smoke		
□ Pollen		
□ Cold Weather		
5) What asthma medication should you take r	ight away if you have trouble	e breathing?
☐ Quick Relief Inhaler		
□ Controller Inhaler		
☐ All of the above		
□ None of the above		
6) 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		
$\square$ None of the above		
7) In the past 3 months, how many times did	you go to the emergency roo	m because of
breathing problems or asthma?	,	
□ <b>0</b>	□ 4	
□ <b>1</b>	□ 5-10	
	☐ More than 10 tim	nes
□ 3	- More than 10 th	103
8) In the <b>past 3 months</b> , how many times have	e you stayed in the hospital b	ecause of breathing
problems or asthma?		_
□ 0	□ 4	
□ 1	□ 5-10	
□ 2	$\square$ More than 10 tim	nes
□ 3		
9) In the <b>past 4 weeks</b> , how many days per w	eek (7 days) did you take you	ır control medicine as
prescribed (by your doctor)?	cent (r days) and year tane year	
□ 0	□ 5	
□ 1	□ 6	
□ 2	□ 7	
 □ <b>3</b>	☐ I don't have a co	ntrol medication
□ 4	ı	
		Remember to
		turn the page!



## Part 2: Asthma Control Test adapted from



1. In the past **4 weeks**, how much of the time did your **asthma** keep you from getting as much done at work, school or at home?

	Most of the	Some of the	A little of the	None of the
(1)	time (2)	time (3)	time (4)	time
				(5)

2. During the past 4 weeks, how often have you had shortness of breath?

More than once a	Once a	3 to 6 times a	Once or twice a	Not at all
day (1)	day (2)	week (3)	week (4)	(5)

3. During the past **4 weeks**, how often did your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a	2 or 3 nights a	Once a week	Once or	Not at all
week (1)	week (2)	(3)	twice (4)	(5)

4. During the past **4 weeks**, how often have you used your quick relief inhaler or nebulizer medication (such as albuterol)? Do not count the times you used it to exercise if your doctor says to take medicine when you exercise.

3 or more times per	1 or 2 times per	2 or 3 times	Once a week	Not at all
day	day	per week	or less	(5)
(1)	(2)	(3)	(4)	

5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all (1)	Poorly controlled	Somewhat controlled	Well controlled (4)	Completely controlled
	(2)	(3)	( ),	(5)