

DOH ID: HD002330

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

PRE

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! Welcome to the Open Airways For Schools (OAS) program! 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? _____

Which of the following races do you identify with?
Select only one. If you identify as more than one, select
“Multiracial.”

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Multiracial
- Other, please describe:

Do you identify as Hispanic or Latino?

- Hispanic/Latino
- Not Hispanic/Latino

Have you ever **participated in Open Airways before?**

- No, this is my first time
- Yes, I've done this before
- I'm not sure

Remember to
turn the page!

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

- 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

 0 Very bad	 1 Bad	 2 Good	 3 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?

 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.	<input type="checkbox"/>
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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.	<input type="checkbox"/>
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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.	<input type="checkbox"/>
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