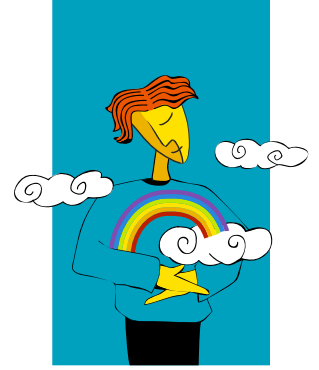


Community Asthma Project at Childrens Hospital Los Angeles



Please circle the one best answer for each question.

How often over the past 4 weeks has/have:

None of the time A little bit of the time Some of the time Most of the time All of the time

- 1) Your child been wheezy during the day?..... 1..... 2.....3 4.....5
- 2) Your child coughed during the day?..... 1..... 2.....3 4.....5
- 3) Your child complained of being short of breath? 1..... 2.....3 4.....5
- 4) Exertion (such as running) made your child breathless? 1..... 2.....3 4.....5
- 5) Your child complained of a pain in the chest? 1..... 2.....3 4..... 5
- 6) Your child coughed at night? 1..... 2..... 3 4.....5
- 7) Your child been woken up by wheezing or coughing?..... 1..... 2.....3 4.....5
- 8) Your child's sleep been disturbed by wheezing or coughing? 1..... 2.....3 4.....5
- 9) Your child stayed indoors because of wheezing or coughing?..... 1..... 2..... 3 4.....5
- 10) His/her asthma stopped your child from playing with his/her friends? 1..... 2.....3 4.....5
- 11) Your child's education suffered due to his /her asthma (during school)? 1..... 2.....3 4.....5
- 12) Asthma stopped your child from doing all the things that a boy or girl should at his/her age? 1..... 2..... 3 4.....5
- 13) Your child's asthma interfered with his/her life?..... 1..... 2.....3 4.....5
- 14) Asthma limited your child's activities?..... 1..... 2..... 3 4.....5
- 15) Taking his/her inhaler or other treatments interfered with your child's life? 1..... 2..... 3 4.....5
- 16) Your child's asthma limited your activities? 1..... 2..... 3 4.....5
- 17) You had to make adjustment to family life because of your child's asthma?..... 1..... 2..... 3 4.....5