Peyton Manning Children's Hospital at St.Vincent

PEDIATRIC PULMONOLOGY CENTER

RESPIRATORY SYMPTOM QUESTIONNAIRE

Name: _____DOB: _____Date: _____

Completed By: _____ Relationship to Patient: _____

1. For each season of the year, to what extent does your child usually have breathing symptoms?
(please mark one box in each line)

	A lot	A little	None
Winter	○	○	○
Spring	○	○	○
Summer	○	○	○
Fall	○	○	○

2. In the past 4 week, how many days did your child……	None	1-3	4-7	over 7
Have wheezing, coughing or difficulty breathing?	○	○	○	○
Miss days of school because of their breathing problems?	○	○	○	○
Miss any activities (playing sports, attending a friend's house or any other family activity) because of breathing difficulties?	○	○	○	○

3. Do you believe……	Yes	No	Unsure
Your child's breathing problems were well controlled in the past four weeks?	○	○	○
Your child is able to administer their breathing medicine as directed?	○	○	○
You have access to enough information to help your child control their breathing problems?	○	○	○
The medicine (s) your child takes are useful in controlling their breathing problems?	○	○	○

Patient Name: _____ D.O.B. _____

4. Does your child use an inhaler or nebulizer for quick relief for their breathing problems? Yes No

If you answered yes to #4,

In the past four weeks, what was the highest number of times in one day did your child uses their inhaler or nebulizer ?

○ Zero ○ 1 to 2 ○ 3 to 4 ○ 5 to 6 ○ over 6 times

In the past 12 months, on days your child used an inhaler/nebulizer for quick relief, how many times a day did they use it?

○ Zero ○ 1 to 2 ○ 3 to 4 ○ 5 to 6 ○ over 6 times

5. Has your child ever had a prescription for breathing medication that was NOT used for quick relief but was used to control their breathing problem? If yes, what medication_____

If you answered yes to #5

What best describes how your child takes their medication now? (check one)

○ Takes it every day
○ Takes it some days, but not all days.
○ Used to take it, but now does not.
○ Only takes it when has symptoms
○ Never took any.

Thank you for completing this questionnaire. Is there anything else you would like to tell us about your child's breathing symptoms or any adverse drug reactions. _____

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