

FOLLOW-UP HEALTH SURVEY FOR ASTHMA CAMPERS

Date _____ / _____ / _____

Name of camper _____ Gender: M F

Prior to attending asthma camp this past year, the following information was included in your child's application.

School days missed in the previous school year because of asthma? _____

Went to the doctor's office because of difficulty with asthma? _____

Been to the emergency room or urgent care clinic because of asthma? _____

Been admitted to the hospital because of asthma in the last five years? _____

Current Age _____ How many years has your child gone to asthma camp? 1 2 3 3+

Since asthma camp, please report your child's progress as of the date of this survey.

Days/Times

School days missed because of asthma?....._____

Been taken to the doctor because of a difficulty with asthma?....._____

Been taken to the emergency room because of asthma?....._____

Been hospitalized because of asthma?....._____

Been taken to the doctor for a well-visit follow-up?....._____

Had to cancel sports activities including Phy Ed, because of asthma?....._____

Rate your child's confidence about asthma since attending camp?

Poor Average Good Excellent

Has your child's general knowledge and understanding of asthma improved since camp?

None A little Quite a bit A lot

Before attending asthma camp, your child's understanding of asthma could be described as:

Poor Average Good Excellent

After attending asthma camp, your child's understanding of asthma could be described as:

Poor Average Good Excellent

Does your child use a Peak Flow Meter?

Never Seldom Occasionally Regularly

How much responsibility does your child take in caring for their asthma?

None A little Quite a bit A lot

Does your child take daily asthma medication as prescribed? Yes No

Does your child have an emergency asthma action plan? Yes No

Does your child use a Metered Dose Inhaler (MDI) with a spacer? Yes No

Has your child's inhaler use or technique improved since camp? Yes No

**FOLLOW-UP HEALTH SURVEY
FOR ASTHMA CAMPERS
Thank You**