

Office use only space v. 2.1

School _____ Grade: 6 7 8 9 10 11 12
Date ____/____/05 Language: 1
Teacher _____ Period 1 2 3 4 5 6 7 8
Read Class Y N Proctor Assisted Y N Proctor Completed Y N

STUDENT HEALTH SURVEY

NAME (Please PRINT clearly):

FIRST: _____ LAST: _____

HOME ADDRESS: _____ APARTMENT # _____

ZIP CODE: 94 ____ - ____ HOME PHONE NUMBER: ____ - ____ - ____

YOU ARE A: Girl Boy BIRTHDAY: ____ / ____ / ____
Month Day Year

LANGUAGE YOU MOSTLY SPEAK AT HOME: English Spanish Chinese Vietnamese Other _____

PLEASE FILL IN THE CIRCLE NEXT TO THE BEST ANSWER.

1. In the last 12 months, have you wheezed or had whistling or tightness in your chest?

Yes No

2. Do any of these things make you wheeze or have chest tightness, or make it worse?

When you have a cold Yes No
During or after exercise or playing hard Yes No
When you are out in the cold air Yes No

3. During the last month, about how many days each week have you wheezed or had a whistling sound or a tightness in your chest?

I did not have any of these symptoms in the last month
 Less than 1 day per week
 1, 2, or 3 days each week
 4 or more days each week but not every day
 Every day

4. In the last 12 months has your wheezing or cough ever been so bad that you could not finish saying a sentence?

Yes No (IF YOU ANSWERED "NO", GO TO QUESTION NUMBER 6)



5. Over the last month, about how many times has this happened?

Did not happen
 once
 2 or 3 times
 4 or more times

More on back →

6. In the last 12 months, have you ever had trouble going to sleep because of wheezing, cough, trouble breathing, or tightness in your chest?

- No, this did not happen in the last 12 months
- Yes, less than 1 night each week
- Yes, 1, 2, or 3 nights each week
- Yes, 4 or more nights each week but not every night
- Yes, every night

7. During the last month, about how many nights each week did you wake up because of wheezing, tightness in your chest, or trouble breathing?

- This did not happen in the last month
- Less than 1 night each week
- 1, 2, or 3 nights each week
- 4 or more nights each week but not every night
- Every night

8. In the last 12 months have you had a cough at night even when you did not have a fever or a cold?

- Yes No (IF YOU ANSWERED "NO", GO TO QUESTION #10)



9. How many times in the last month did coughing wake you up at night?

- 0 times
- 1 time
- 2 times or more

10. In the last 12 months, have you had a daytime cough that lasted for 3 or more days when you didn't have a fever or a cold?

- Yes No

11. In the last 12 months, have you been to a hospital or the emergency room for wheezing or trouble breathing?

- Yes No

12. In the last 12 months, have you used inhalers or puffers for wheezing or trouble breathing?

- Yes No

13. In the last 12 months, have you had to hold back while playing a sport or had to sit out of P.E. class because of wheezing, shortness of breath, or cough?

- Yes No

14. Has a doctor or your parents ever told you that you have asthma?

- Yes No I do not know

YOU ARE FINISHED! THANK YOU