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.

<table>
<thead>
<tr>
<th>Days/Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>School days missed because of asthma?</td>
</tr>
<tr>
<td>Been taken to the doctor because of a difficulty with asthma?</td>
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<tr>
<td>Been taken to the emergency room because of asthma?</td>
</tr>
<tr>
<td>Been hospitalized because of asthma?</td>
</tr>
<tr>
<td>Been taken to the doctor for a well-visit follow-up?</td>
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<tr>
<td>Had to cancel sports activities including Phy Ed, because of asthma?</td>
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</tbody>
</table>

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

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Do you have pets in the home? □Yes □No
   If yes, what kind ________________________________

Does anyone living in your home smoke inside the house? □Yes □No

Do you allow others to smoke inside your home? □Yes □No

Would you like information/help on quitting smoking? □Yes □No

Do you know of any children who may benefit from attending asthma camp? □Yes □No

Do you need any additional information regarding asthma? □Yes □No
   If yes, please explain ________________________________
   ________________________________
   ________________________________

Please describe any effect, emotional or behavioral, asthma camp had on your child. We appreciate your comments!

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Thank You