### Caregiver Satisfaction Survey for Asthma Education Services

**Date:** __________________________

**Gender of Child:** □ Male  □ Female

**Age of Child:** _____________________

**Ethnicity of Child:** □ African American  □ Caucasian  □ Hispanic  □ Asian  □ Other_____________________

**Language Preference:** □ English  □ Spanish  □ Other_____________________________________________________

<table>
<thead>
<tr>
<th>The Asthma Educator helped me to try and solve problems with my child’s asthma.</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this service provided by the Asthma Educator meet your child’s needs?</td>
<td>Yes</td>
<td>Sometimes</td>
<td>No</td>
<td>NA</td>
</tr>
</tbody>
</table>

If the service was helpful, what parts were most helpful? (Check all that apply)

- □ Learning about asthma
- □ Learning about asthma symptoms
- □ What are the different types of medications (controller, quick relief)
- □ Knowing when to take the different types of medications
- □ How to use my inhaler, nebulizer, diskus, spacer and/or peak flow meter.
- □ Explaining the Asthma Action Plan
- □ Side effects of asthma medications
- □ Discussing problems taking my medications
- □ Things that cause my asthma to act up
- □ Quitting smoking
- □ Dealing with asthma at school
- □ Setting and reviewing goals
- □ Asthma handouts
- □ Other __________________________________________

What changes have you made because of this service? _______________________________________________________

What improvements have you seen in your child’s asthma? _____________________________________________________

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Office Use Only

□ 1st Visit

□ Follow-up visit #________

Asthma Educator 1 □

Asthma Educator 2 □

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