

Caregiver Satisfaction Survey for Asthma Education Services

Office Use Only

1st Visit

Follow-up visit # _____

Asthma Educator 1

Asthma Educator 2

Date: _____

Gender of Child: Male Female

Age of Child: _____

Ethnicity of Child: African American Caucasian Hispanic Asian Other _____

Language Preference: English Spanish Other _____

| | | | | |
|---|-----|-----------|----|----|
| The Asthma Educator helped me to try and solve problems with my child's asthma. | Yes | Sometimes | No | NA |
| Did this service provided by the Asthma Educator meet your child's needs? | Yes | Sometimes | No | NA |

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

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Learning about asthma <input type="checkbox"/> Learning about asthma symptoms <input type="checkbox"/> What are the different types of medications (controller, quick relief) <input type="checkbox"/> Knowing when to take the different types of medications <input type="checkbox"/> How to use my inhaler, nebulizer, diskus, spacer and/or peak flow meter. <input type="checkbox"/> Explaining the Asthma Action Plan | <ul style="list-style-type: none"> <input type="checkbox"/> Side effects of asthma medications <input type="checkbox"/> Discussing problems taking my medications <input type="checkbox"/> Things that cause my asthma to act up <input type="checkbox"/> Quitting smoking <input type="checkbox"/> Dealing with asthma at school <input type="checkbox"/> Setting and reviewing goals <input type="checkbox"/> Asthma handouts <input type="checkbox"/> Other _____ |
|---|--|

What changes have you made because of this service? _____

What improvements have you seen in your child's asthma? _____
