

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? _____
