|  |  |
| --- | --- |
| **C**ommunity **H**ealthcare for **A**sthma **M**anagement and **P**revention of **S**ymptoms | |
| Child Asthma Risk Assessment Tool (CARAT) | |
| **A3. Patient Name:** | **A1. Date:** |

|  |  |
| --- | --- |
| The questions on this form correspond to questions on the online CARAT evaluation tool, available at: <http://carat2.asthmarisk.org/>. You may fill out these questions directly online if you have a computer or tablet with internet access available for use with the patient. Otherwise, complete the written questionnaire with the patient and then enter the results into the CARAT website to generate a customized risk assessment report. The custom report used to identify counseling topics and modules for the asthma counseling sessions.  Note: To complete Section C, you will need completed allergen sensitivity test results. | |
| Section A | |
| **A2. Child’s date of birth?** | **A4. Child’s assessment age?** |
| Section B | |
| **B1. What grade is your child in? [If summer, enter the child’s grade for next fall.]**  □ Kindergarten  □ 1st  □ 2nd  □ 3rd  □ 4th  □ 5th  □ 6th  □ 7th  □ 8th  □ Not in school | **B2. Do any of your child’s parents, brothers, sisters, or grandparents have asthma?**  □ Yes  □ No [SKIP TO B3]  □ No response [SKIP TO B3] |
| **B2a. Altogether, how many of these relatives have asthma?**  **\_\_\_\_\_\_** |
| **B3. Do you have a regular doctor or health care provider who treats your child’s asthma?** [Does not have to be an asthma specialist.]  □ Yes  □ No  □ No response | |
| **B4. During the past 12 months, when your child went to a doctor for asthma care, was it usually in an ER or clinic/doctor’s office?**  □ ER **[SKIP TO B5]**  □ Clinic/office  □ Both, mostly ER **[SKIP TO B5]**  □ Both, mostly clinic/office  □ Never had a doctor’s visit **[SKIP TO B5]**  □ No response **[SKIP TO B5]** | **B4a. Did your child usually see the same doctor at the clinic or office?**  □ Yes  □ No  □ No response |
| **B5. During the past 12 months, did your child take medicines for asthma?**  □ Yes  □ No  □ No response | **B6. Some asthma medicines are taken only when the child is having asthma signs or symptoms. Other medicines are taken even when the child is not having symptoms. Does your child take medicines only when he/she is having signs or symptoms or even when he/she is not having symptoms, or both times?**  □ Only for symptoms  □ Only when no symptoms  □ Both  □ No response |
| **B7. Has a doctor or health care provider ever given you written instructions for what to do about taking medicines?**  □ Yes  □ No  □ No response | **B8. Has your child had any problems taking medications at school?**  □ Yes  □ No  □ No response |
| **B9. Many people have problems making and keeping doctor’s appointments for their child’s asthma. At other times, it is hard to get to the office or they are not open at good times. In the past year, have you had any of these types of problems making or keeping appointments for your child’s asthma?**  □ Yes  □ No  □ No response | **B10. Does your child’s pillow have a zipped cover for allergies?**  □ Yes  □ No  □ No response |
| **B11. Does your child’s mattress have a zipped cover for allergies?**  □ Yes  □ No  □ No response | **B12. Do you use a humidifier/vaporizer in your child’s bedroom?**  □ Yes  □ No  □ No response |
| **B13. Do you have carpeting (or rugs) in your child’s bedroom?**  □ Yes  □ No  □ No response | **B14. Do you have carpeting (or rugs) in your TV/family room?**  □ Yes  □ No  □ No response |
| **B15. Does your kitchen have a gas stove?**  □ Yes  □ No  □ No response | **B16. Do you sometimes use the gas stove to help heat your house?**  □ Yes  □ No  □ No response |
| **B17. Is there any moisture or mildew anywhere in the house on the… (Choose all that apply)**  □ Ceiling  □ Walls  □ Windows  □ Floors  □ No response | **B18. Have you had any problems with… (Choose all that apply)**  □ Cockroaches  □ Mice  □ Rats  □ No response |
| **B19. Do you have any pets? (Choose all that apply)**  □ Dog  □ Cat  □ Hamster, guinea pig, or rabbit  □ No response | **B20. Do you smoke cigarettes?**  □ Yes  □ No  □ No response |
| **B21. Does your child smoke cigarettes?**  □ Yes  □ No  □ No response | **B22. How many other people who live in your home smoke?**  **\_\_\_\_\_\_** |
| **B23. Does anyone else who takes care of your child smoke?**  □ Yes  □ No  □ No response | **B24. Have you ever run out of medicines for your child’s asthma and not had any on hand when your child had an asthma attack?**  □ Yes  □ No  □ No response |
| **B25. For many reasons, children do not always get their medicines exactly when they are supposed to. On a scale of 1 to 5, how many problems do you usually face when trying to be sure your child gets his/her medicines?** [1 is no problems with medicines and 5 is a lot of problems with medicines.]  No problems A lot of problems  1 2 3 4 5 No response | |
| **B26. Have you ever run out of medicines for your child’s asthma and not had any on hand when your child had an asthma attack?** [1 is never misses a dose and 5 is often misses a dose.]  Never misses Often misses  a dose a dose  1 2 3 4 5 No response | |
| **B27. Does your child take asthma medication on his/her own? Would you say…**  □ Not at all  □ Once in a while  □ Quite a bit  □ All of the time  □ No meds  □ No response | **B28. Are you concerned about your child’s behaviors or emotions?**  □ Not at all  □ Once in a while  □ Quite a bit  □ All of the time  □ No response |
| **B29. Do you have concerns about how you have been coping with things in the past few months?**  □ Not at all  □ Once in a while  □ Quite a bit  □ All of the time  □ No response | **B30. Have you been feeling unusually stressed lately?**  □ Not at all  □ Once in a while  □ Quite a bit  □ All of the time  □ No response |
| **B31. It is possible to control my child’s asthma so that he/she can play like other children.**  □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree  □ No response | **B32. It is possible to manage my child’s asthma so he/she is free of symptoms.**  □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree  □ No response |
| **B33. My child should not have problems from the asthma medicine he/she takes.**  □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree  □ No response | **B34. I have little control over my child’s asthma.**  □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree  □ No response |
| **B35. I often feel helpless in dealing with my child’s asthma.**  □ Strongly agree  □ Agree  □ Disagree  □ Strongly disagree  □ No response |  |
| Section C | |
| **C1. Are skin test results available for this child?**  □ Yes  □ No | **Does the skin test indicate that child is allergic to the following:**  **C2. Dust mites** □ Yes □ No  **C3. Cockroaches** □ Yes □ No  **C4. Rodents** □ Yes □ No  **C5. Cats** □ Yes □ No  **C6. Dogs** □ Yes □ No  **C7. Mold** □ Yes □ No |