

Case Identification Survey for Parents

Sample Cover Letter and Survey

The Detroit Public Schools and the University of Michigan are conducting a project to identify children in grades 2-5, who may have asthma. The project will try to help children manage their asthma better.

Please help us by answering the questions on the attached survey. The yellow consent form must also be signed if you would like your child to participate in this project. It would be most helpful to us if you would please send both forms back to school with your child **as soon as possible**.

If you have any questions you may call:

Office Use Only

Received _____

Screening Questionnaire

* Please fill out one questionnaire per child.

BACKGROUND INFORMATION

Child's name _____		Grade _____	
School _____			
(First)	(Last)		
Teacher _____		Child's date of birth ____ / ____ / ____	
Is your child male or female			
		Month	Day Year (circle one)
Child's race/ethnicity _____ (African-American/Black, Caucasian/White, Asian, Hispanic/Latino, Other)			
Language spoken at home: English, Spanish, other (please specify) _____			
Child's weight: _____ pounds		Child's height: _____ feet, _____ inches	
Parent/Guardian Name _____			
(First)		(Last)	
Address _____		Telephone _____	
(Work)	(Number, Street, Zip)	(Home)	
School your child <u>last</u> attended _____		Dates _____	
to		from	

General Questions

1. Has your child **EVER** had a **cough that won't go away** or seemed to be **coughing more than other children** of the same age?

___Yes ___No

1a. How many times **in the past 12 months** has this **cough** happened?
_____times

2. Has your child **EVER** had **wheezing** (a whistling sound from the chest) **with a cold**?

___Yes ___No

2a. How many times **in the past 12 months** has this **wheezing** happened?
_____times

3. Has your child **EVER** had **wheezing** (a whistling sound from the chest) **without a cold**?

___Yes ___No

3a. How many times in the past 12 months has this **wheezing** happened?
_____times

4. Has your child **EVER** had an attack of **wheezing** that made it hard for them **to breathe or catch their breath**?

___Yes ___No

4a. How many times in the past 12 months has your child had an attack of **wheezing** that made it hard for them **to breathe or catch their breath**?
_____times

Please see additional questions on back



5. Has your child **EVER** wheezed **with exercise or running or playing hard**?

___Yes ___No

5a. How many times in the past 12 months has your child **wheezed**
with _____times
exercise or running or playing hard?

6. Has your child **EVER** coughed **with exercise or running or playing hard**?

___Yes ___No

6a. How many times in the past 12 months has your child **coughed with**
_____times
exercise or running or playing hard?

7. Has your child **EVER** said their **chest felt tight or heavy**?

___Yes ___No

7a. How many times in the past 12 months has their **chest felt tight or**
_____times
heavy?

8. Has your child **EVER** had **breathing problems** (cough, wheeze, shortness of breath, chest tightness) when: (circle all that apply)

- | | |
|------------------------|------------------------------------|
| a. the weather changes | c. in contact with pets |
| b. the air is cold | d. in contact with cigarette smoke |

9. Has a doctor or medical care provider **EVER** said your child had: (circle all that apply)
- a. **Asthma**
 - b. **Pneumonia**
 - c. **Bronchiolitis or Bronchitis**
 - d. **Asthmatic Bronchitis**
 - e. **Reactive Airway Disease (RAD)**

10. **In the past 12 months** has your child **taken prescribed medication or prescribed inhalers** for any of the conditions above?

☐ Yes ☐ No

THANK YOU!