

STUDENT QUESTIONNAIRE

Name _____ Age _____ Grade _____ Teacher _____

Race: African American Asian American Hispanic White Native American Other

Please tell us how often you have any of the following:

1. My breathing sounds noisy or wheezy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
2. It is hard to take a deep breath.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
3. It is hard for me to stop coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
4. My chest feels tight or hurts after I run, play hard, or do sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
5. I wake up at night coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
6. I wake up at night because I have trouble breathing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
7. I cough when I run, climb stairs or play sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
8. My eyes get itchy, puffy or burn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT
9. I have problems with a runny or stuffy nose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NEVER	SOMETIMES	A LOT

Please answer the following questions:

10. A doctor or nurse told me that I have asthma.	<input type="radio"/>	<input type="radio"/>
	YES	NO
11. I stayed in the hospital overnight for asthma or trouble breathing this past year.	<input type="radio"/>	<input type="radio"/>
	YES	NO
12. I take medicine or use an inhaler for asthma.	<input type="radio"/>	<input type="radio"/>
	YES	NO
13. I take medicine for allergies.	<input type="radio"/>	<input type="radio"/>
	YES	NO

SUGGESTED SCORING KEY

Asthma: For Questions 1 through 7, assign a “1” for each “sometimes” or “a lot” response. Add the scores. If the total is 3 or more, referral for asthma diagnosis may be indicated. A total score of 3 has an estimated sensitivity of 80% and specificity of 70%, according to the clinical predictability of the questionnaire in a validation study.*

Allergy: For Questions 8 and 9, assign a “1” for each “sometimes” or “a lot” response. Add the scores. If the total is 1 or more, referral for allergy diagnosis may be indicated. A score of 1 has an estimated sensitivity of 81% and specificity of 42%, according to the clinical predictability of the questionnaire in a validation study.*

* *Ann Allergy, Asthma Immunol.* 2004;93:36-48. Copyright 2004. Permission is hereby granted for the reproduction of this questionnaire as it appears for use by school-based allergy and asthma screening programs.