Asthma Screening Questionnaire
2003

The following are questions designed by the American College of Allergy Asthma and Immunology. This questionnaire has been used for several years in their nationwide asthma screening program. These questions are age specific for school-aged children. These are all "yes" and "no" questions and deal with the risk factors for exercise asthma that have been reported in the literature.

Please check either "yes" or "no" for each question.

YES	NO	
		1. When I walk, run, or play hard, I have trouble breathing or I cough.
		2. When running the mile, I get short of breath faster and have to stop before other students.
		3. Sometimes I make wheezing sounds in my chest.
		4. Sometimes my chest feels tight or hurts when I run fast.
		5. Sometimes I wake up at night with coughing or trouble with breathing.
		6. Sometimes I miss school because of trouble with breathing or coughing.
		7. Sometimes I have hay fever with a lot of runny stuffy nose, sneezing, and itching eyes.
		8. Other people in my family have allergies and asthma.
		9. I went to the emergency room or doctor's office for trouble breathing or asthma this year.
		10. I stayed in the hospital overnight for asthma or trouble breathing this year.

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Student Athlete Signature Date Parent Signature