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Kickin' Asthma
Pre/Post Program Questionnaire

Unique ID: _____ School Name: _____ Date: _____

Below are questions about yourself. Please check the box that best describes you.

What grade are you in? ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th

How old are you? ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16

Have you ever participated in Kickin' Asthma before? ☐Yes ☐No ☐I'm not sure

Which of the following races do you identify with? **Select only one.** (If you identify as more than one, select "Multiracial.")

- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Multiracial
- ☐ Other, please describe:

Do you identify as Hispanic or Latino?

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Please answer the following questions about your asthma.

How often do you **tell an adult** when you have trouble breathing?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

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How often do you **use a spacer** when you use your asthma inhaler?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ I don't have a spacer

How often do you **use a peak flow meter** when you feel your breathing getting worse?

- ☐ None of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time
- ☐ I don't have a peak flow meter

Which of the following are asthma triggers? (Check all that apply)

- ☐ Mold
- ☐ Exercise
- ☐ Smoke
- ☐ Pollen
- ☐ Cold Weather

What asthma medication should you take right away if you have trouble breathing?

- ☐ Quick-Relief Medicine
- ☐ Long-term Control Medicine
- ☐ All of the Above
- ☐ None of the Above

What happens during an asthma episode? (Check all that apply.)

- ☐ Muscles around the airways get tight
- ☐ Swelling in the airways
- ☐ Extra mucus in the airways
- ☐ None of the above

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In the past 12 months, how many times did you go to the emergency room because of breathing problems or asthma?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5-10
- ☐ More than 10 times

In the past 12 months, how many times have you stayed in the hospital because of breathing problems or asthma?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5-10
- ☐ More than 10 times

In the **past 4 weeks**, how many days per week (7 days) did you take your long-term control medicine as prescribed (by your doctor)?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ I don't have a long-term control medicine

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Please answer the following questions about your asthma control*. Please circle your response.

1. In the **past 4 weeks**, how much of the time did your asthma keep you from getting as much done at work, school or at home?

1	2	3	4	5
All of the time	Most of the time	Some of the time	A little of the time	None of the time

2. During the **past 4 weeks**, how often have you had shortness of breath?

1	2	3	4	5
More than once a day	Once a day	Some 3 to 6 times a week	Once or twice a week	Not at all

3. During the **past 4 weeks**, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

1	2	3	4	5
4 or more nights a week	2 or 3 nights a week	Once a week	Once or twice	Not at all

4. During the **past 4 weeks**, how often have you used your quick relief inhaler or nebulizer medication (such as albuterol)? Do not count the times you used it to exercise if your doctor says to take medicine when you exercise.

1	2	3	4	5
3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all

5. How would you rate your asthma control during the **past 4 weeks**?

1	2	3	4	5
Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled

Total ACT Score: _____

* Adapted from the Asthma Control Test for children 4-11, ©2017 GSK group of companies. All rights reserved.