



2018 Clinch Avenue
Knoxville, Tennessee 37916

Breathe Easy Asthma Screening Questionnaire

OFFICE USE ONLY

ID number: _____ Date: _____ Sponsor: _____

Child's name: _____ DOB: _____

Gender: Male Female Height: _____ inches Weight: _____ lbs

Who is your child's doctor?

Please answer the following questions as best you can.

Ethnic/racial background

African-American Asian Caucasian Hispanic/Latino Pacific islander

Other: _____

Please check one	Never	Sometimes	Often
1. Do you have breathing that sounds noisy or wheezy?			
2. Do you find it hard to stop coughing or wheezing?			
3. Do you wake up at night coughing or wheezing?			
4. Do you cough when you run, climb stairs, or play sports?			

Please check one	Yes	No
5. Has a doctor or nurse told you that you have asthma?		
6. Have you stayed in the hospital overnight for asthma or for trouble breathing in the past year?		
7. Do you take medicine or use an inhaler for asthma?		
8. Do you smoke cigarettes, cigars, or a pipe?		
9. Does anyone smoke where you live?		

CONSENT for screening and follow-up of ABNORMAL results.

By signing below I am giving consent for my child to be screened and for a team member to contact me with abnormal results.

Parent/guardian: _____

Address: _____

Home #: _____ Cell #: _____ Work #: _____

Parent/guardian signature: _____

If you have questions about the screening or this form, please call the Pulmonology office at East Tennessee Children's Hospital at 865-637-8481.

Funding for this program made possible in part by a grant from the East Tennessee Foundation's Respiratory Disease Fund.

CONSENT FOR PHOTOGRAPHY

Please be advised that photographs may be taken during events for use on the East Tennessee Children's Hospital website, social media and other marketing materials. I hereby consent to my child being photographed and give permission for such photos to be used by East Tennessee Children's Hospital. By initialing below, you acknowledge photographs may be taken.

Parent/guardian initials: _____

Asthma screening at your child's school

Asthma is the most common chronic illness children have. It causes swelling in the airways and thick, sticky secretions that lead to frequent respiratory symptoms.

These symptoms include:

- Coughing
- Wheezing
- Shortness of breath
- Difficulty breathing

Children with asthma have frequent respiratory infections. They often cough at night and/or after excessive activity. Children with asthma are more sensitive to certain triggers.

These triggers include:

- Pollen
- Dust
- Smoke
- Animals

Being around these triggers can lead to an increase in symptoms.

Asthma is often overlooked or not diagnosed because symptoms are not always present. Anyone with asthma is at a higher risk of death due to a severe asthma attack. It is important that everyone be able to recognize asthma symptoms even if they don't have asthma.

East Tennessee Children's Hospital's Breathe Easy program will provide **free** asthma screening and education at your child's school.

Our goal is to:

- Help you recognize, respond and control symptoms of an asthma attack.
- Encourage you to talk with a doctor if you think your child has respiratory problems.

About the screening

For your child to participate, **complete the included questionnaire and consent form**. Our team of pediatric pulmonary doctors, nurse practitioners, respiratory therapist and nurses will give your child a pulmonary function test (PFT).

To do this test, your child will need to blow into a mouthpiece on a machine. This will measure the health of your child's lungs. A doctor will then look at the results of the test and the questionnaire. The results will help the doctor decide if your child may benefit from more testing.

The results will be sent home by your child's teacher for you to review.

- You will be notified if the results are abnormal. To help make sure your child is getting proper care, a team member will contact you to help answer your questions.
- If your child's results are normal, no one will contact you.
- You have the option to not have anyone contact you if you choose.



For more information:
865-637-8481
www.etch.com/asthma

