

Does your child have asthma (difficulty breathing)?

Yes

No

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... my child woke up at night because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ... my child felt a growl or whistle while breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ... my child was afraid of having an attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ... inhaling and taking medication annoyed my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ... my child felt ashamed because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ... my child was dissatisfied with him/herself because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ... there was trouble at home because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. ... I forbade my child things because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. ... my child was teased by others because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ... my child was left out by others when they did things together, because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ... my child had trouble concentrating because of his/her asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. ... my child was just as good at sports as his/her classmates or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How often during the past week did your child have breathing complaints (asthma) <input type="checkbox"/> never <input type="checkbox"/> seldom <input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> all the time
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14. How severe were his/her breathing complaints during the past week? <input type="checkbox"/> none at all <input type="checkbox"/> somewhat severe <input type="checkbox"/> moderately severe <input type="checkbox"/> fairly severe <input type="checkbox"/> very severe
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15. How much did your child's breathing complaints bother him/her during the past week? <input type="checkbox"/> not at all <input type="checkbox"/> somewhat <input type="checkbox"/> moderately <input type="checkbox"/> fairly much <input type="checkbox"/> very much
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