



Asthma Questionnaire-Participant

Student Name: _____ Course #: _____

During the enrollment process, you indicated you have asthma or shortness of breath. Please help us understand your asthma by answering these questions. Conditions that could trigger asthma include: vigorous exercise, high altitudes, allergens, cold and/or damp weather. You need to be in good aerobic condition, have a stabilized condition, and bring any necessary medications to participate. You may complete your responses electronically.

1. How long have you had asthma? _____ years
2. What triggers your asthma attacks or symptoms?
3. How often do your symptoms occur?
4. Please describe your most severe symptoms:
5. When was your most recent attack or when did your symptoms last occur?
6. How does your asthma affect your ability to engage in aerobic activity and exercise (such as running, lifting, climbing)?
7. Have you ever needed to visit the emergency room due to asthma? If yes, please provide dates and circumstances. No Yes
8. Are you in an allergy desensitization program? If yes, No Yes describe treatment and schedule.
9. Is your asthma triggered by: (Please check all that apply.)

<input type="checkbox"/> Airborne/seasonal allergies	<input type="checkbox"/> Exercise	<input type="checkbox"/> Animals/Insects High
<input type="checkbox"/> Foods	<input type="checkbox"/> Cold Water Immersion	<input type="checkbox"/> Altitude
<input type="checkbox"/> Damp Conditions	<input type="checkbox"/> Hot or Cold Temperatures	<input type="checkbox"/> Dry Conditions
10. Please list all medication(s) you use to control your symptoms (including inhalers, daily medications, prednisone, nebulizers, etc.)

Medication	Dosage	How Often?	If as needed, most recent use?

Applicant Signature**Date**

Parent/Guardian Signature**(if applicant is under 21)****Date**