



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, and cold and/or damp weather. You need to be in good aerobic condition, have a stabilized condition and bring appropriate medications in order to participate. *You may complete your responses electronically. Type into the fields then digitally sign and return.*

1. How long have you had Asthma? _____ years
2. What triggers your Asthma attacks or symptoms?
3. What are your current symptoms and severity?
4. How often do your symptoms occur?
5. When was your most recent attack or when did your last symptom 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? No Yes
If yes, please provide dates and circumstances.
8. Are you in an allergy desensitization program? No Yes
If yes, describe treatment and schedule.
9. Is your Asthma affected by: (Please check all that apply.)

<input type="checkbox"/> Airborne/seasonal allergies	<input type="checkbox"/> Exercise	<input type="checkbox"/> Animals/Insects
<input type="checkbox"/> Foods	<input type="checkbox"/> Cold Water Immersion	<input type="checkbox"/> High Altitude
<input type="checkbox"/> Damp Conditions	<input type="checkbox"/> Hot or Cold Temperatures	<input type="checkbox"/> Dry Conditions

10. Please list all medication(s) used to control your symptoms (including inhalers, daily medications, prednisone, nebulizers, etc.)

Medication	Dosage	How Often	Last Used

Applicant Signature

Date

Parent/Guardian Signature

(if applicant is under 21)

Date