THE EFFECTS OF A CHILD'S ASTHMA FLARE-UP ON THE PARENTS©

INSTRUCTIONS: Please fill in the questionnaire at the end of the child's asthma flare-up or after 10 days, whichever comes first.
THIS DEALS WITH YOUR CHILD'S CURRENT FLARE-UP ONLY. Please shade in only one circle for EACH question.
Please answer EACH question.

Today's date: |___|___|/|___|___|/|___|___|___|___|
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SECTION A								
During my child's flare-up, I felt:	Not at all			Moderately			Extremely	Cannot answer
	1	2	3	4	5	6	7	8
1. Sad	○	○	○	○	○	○	○	○
2. Stressed	○	○	○	○	○	○	○	○
3. Nervous	○	○	○	○	○	○	○	○
4. Tired	○	○	○	○	○	○	○	○
5. Sorry for my child	○	○	○	○	○	○	○	○

SECTION B								
During my child's flare-up, I was concerned:	Not at all			Moderately			Extremely	Cannot answer
	1	2	3	4	5	6	7	8
6. About how severe the asthma flare-up could get	○	○	○	○	○	○	○	○
7. That my child lack oxygen	○	○	○	○	○	○	○	○
8. About not being able to control the asthma flare-up at home	○	○	○	○	○	○	○	○
9. About the possible lack of effectiveness of the asthma medication used for the flare-up	○	○	○	○	○	○	○	○
10. About having difficulty assessing the severity of the asthma flare-up	○	○	○	○	○	○	○	○
11. About a possibly long stay in the emergency, at the clinic, or at the hospital	○	○	○	○	○	○	○	○
12. About the risk of giving my child too much medication	○	○	○	○	○	○	○	○
13. About the side effects of the medications used to control the flare-up	○	○	○	○	○	○	○	○
14. That, in my absence, the person taking care of my child might not know what to do	○	○	○	○	○	○	○	○
15. That, in my absence, the person taking care of my child might not know how to administer the medications properly	○	○	○	○	○	○	○	○

Sample

SECTION C								
During my child's flare-up, I experienced:	Not at all			Moderately			Extremely	Cannot answer
	1	2	3	4	5	6	7	8
16. The need to change my family's sleeping arrangements	○	○	○	○	○	○	○	○
17. A decrease in my ability to take care of my responsibilities at home	○	○	○	○	○	○	○	○
18. A loss of sleep in order to take care of my child	○	○	○	○	○	○	○	○
19. A loss of sleep because I worried for my child	○	○	○	○	○	○	○	○
20. A disruption in family activities because of the asthma flare-up	○	○	○	○	○	○	○	○
21. A decrease in the amount of time that I set aside for my own needs during my child's flare-up	○	○	○	○	○	○	○	○

SECTION D								
Because your child is your first priority, it may be difficult to consider your personal needs and feeling when he or she is sick. Please answer the following question, keeping in mind that this questionnaire specifically evaluates the effects of a child's asthma flare-up upon the parents.								
	Not at all			Moderately			Extremely	Cannot answer
	1	2	3	4	5	6	7	8
22. Overall, how much did this asthma flare-up affect you?	○	○	○	○	○	○	○	○