



Baseline Navigator Questionnaire

1. Preferred methods for communicating: _____
2. What is your preferred method for meeting for visits and educational sessions?
 - ☐ Zoom/Video
 - ☐ Telephone
 - ☐ In person at the school

3. How did the child/parent choose to connect with you?

- ☐ Phone
- ☐ Text
- ☐ E-mail

Legal caregiver(s)/parent/guardian – So that we can stay in touch and send you information, we would like to gather some contact information

4. Before we get started, I want to confirm that you are going to be the primary person to maintain contact with over the course of the program?
 - ☐ Yes
 - ☐ No
 - ☐ Don't know
5. Caregiver 1's name: _____
6. Caregiver 1's address: _____
7. Caregiver 1's city: _____
8. Caregiver 1's zip code: _____
9. Caregiver 1's phone number: _____
10. Caregiver 1's alternate phone number: _____
11. Relationship to [[student's name]]
 - ☐ Mother/father (including step parent)
 - ☐ Grandparent
 - ☐ Foster parent
 - ☐ Legal guardian
 - ☐ Other: _____
12. If we are unable to reach you, would you like us to contact someone else?
 - ☐ Yes
 - ☐ No
13. Caregiver 2's name: _____
14. Caregiver 2's address: _____
15. Caregiver 2's city: _____
16. Caregiver 2's zip code: _____
17. Caregiver 2's phone number: _____
18. Caregiver 2's alternate phone number: _____



19. Relationship to [[student's name]] _____

- ☐ Mother/father (including step parent)
- ☐ Grandparent
- ☐ Foster parent
- ☐ Legal guardian
- ☐ Other: _____

Asthma Control and Risk Assessment

These questions help us understand how [Student's Name]'s asthma has been during the past year. When answering these questions, think about the past year in terms of *[state month/year ago]* and now.

20. In the past 12 months, *[state time frame month 202X to month 202X]* how many times has *[Student Name]* visited the ER/urgent care or had an urgent doctor's office visit for asthma?

- | | |
|-------------------------|------------------------------------|
| ☐ 0 | ☐ 7 |
| ☐ 1 | ☐ 8 |
| ☐ 2 | ☐ 9 |
| ☐ 3 | ☐ 10 |
| ☐ 4 | ☐ More than 10 |
| ☐ 5 | ☐ Don't know |
| ☐ 6 | |

21. In the past 12 months, *[(state time frame month 202X to month 202X),]* how many times has *[Student Name]* used oral steroids (prednisone, Orlapred) to treat an asthma attack?

- | | |
|-------------------------|------------------------------------|
| ☐ 0 | ☐ 7 |
| ☐ 1 | ☐ 8 |
| ☐ 2 | ☐ 9 |
| ☐ 3 | ☐ 10 |
| ☐ 4 | ☐ More than 10 |
| ☐ 5 | ☐ Don't know |
| ☐ 6 | |

22. In the past 12 months, *[(state time frame month 202X to month 202X),]* how many times has *[Student Name]* been hospitalized overnight for asthma?

- | | |
|-------------------------|-----------------------------------|
| ☐ 0 | ☐ 4 |
| ☐ 1 | ☐ 5 |
| ☐ 2 | ☐ More than 5 |
| ☐ 3 | ☐ Don't know |

23. Last school year, from *(state time frame month 202X to month 202X)*, how many days of school did *[Student Name]* miss because of asthma?

- ☐ 0
- ☐ 1 - 2 days
- ☐ 3 - 5 days
- ☐ 6 - 10 days
- ☐ 11 - 15 days
- ☐ 15 or more days
- ☐ Don't Know



24. In the past 4 weeks, how often has [Student Name] used a rescue or reliever medicine (a syrup, inhaler, or breathing machine) to relieve coughing, trouble breathing, or wheezing?

- ☐ Never
- ☐ 1-2 times/month
- ☐ 3 or more days/week but not everyday
- ☐ Every day

25. In the past 4 weeks, how often has [Student Name] had coughing, trouble breathing, or wheezing during the day?

- ☐ Never
- ☐ 1-2 days/week
- ☐ 3 or more days/week but not every day
- ☐ Every day

26. In the past 4 weeks, how often has [Student Name] awakened at night because of coughing, trouble breathing, or wheezing?

- ☐ Never
- ☐ 1-2 times/month
- ☐ 3 or more times/month
- ☐ 2 or more times/week
- ☐ Every night

27. In the past 4 weeks, how often has asthma bothered or interrupted [Student Name] during normal activities (playing, running around, and sports)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ All of the time

Impacts of Asthma

Please tell us about the impact [Student Name]'s asthma has on you and your family.

28. During the last 12 months, how many days of work did you or other caregivers miss because of [Student name]'s asthma?

- ☐ 0
- ☐ 1 - 2 days
- ☐ 3 - 5 days
- ☐ 6 - 10 days
- ☐ 11 - 15 days
- ☐ 15 or more days
- ☐ Don't Know

29. How much do you think asthma is negatively [Student Name]'s grades or school performance?

- ☐ Not at all
- ☐ Very little
- ☐ Somewhat
- ☐ Not sure



Doctor/Healthcare provider:

Because we will be helping coordinate asthma care, we would like to gather contact information of [[student name]]'s health care provider.

30. Does [[student name]] have a doctor or health care provider they see regularly for asthma care?

- ☐ Yes →
- ☐ No
- ☐ Don't know

What is the name of the clinic/hospital where [[student name]] receives care for asthma? _____

31. What is the name of the health provider? _____

32. Provider office phone number: _____

33. Provider fax number: _____

34. Provider type

- ☐ Family physician
- ☐ Pediatrician
- ☐ Specialist (Allergist, Pulmonologist, etc.)
- ☐ Physician Assistant
- ☐ Nurse Practitioner
- ☐ Other: _____
- ☐ Don't know

35. During the last 12 months, did [[student name]] see this provider for asthma?

- ☐ Yes →
- ☐ No

When? _____

36. Is there another provider that [[student name]] sees for asthma?

- ☐ Yes →
- ☐ No

41a. Office/hospital/clinic 2 name: _____

41b. What is the name of the health provider? _____

41c. Provider office phone number: _____

41d. Provider fax number: _____

41e. Provider type

- ☐ Family physician
- ☐ Pediatrician
- ☐ Specialist (Allergist, Pulmonologist, etc.)
- ☐ Physician Assistant
- ☐ Nurse Practitioner
- ☐ Other: →
- ☐ Don't know

When? _____

41f. During the last 12 months, did [[student name]] see this provider for asthma?

- ☐ Yes
- ☐ No



Approach to managing asthma flare-ups and worsening asthma

37. When [[student name]] is having problems with asthma, where do they usually go to receive care?

- ☐ Emergency room/urgent care →
- ☐ Clinic/primary HCP
- ☐ Telephone consult
- ☐ Other: _____
- ☐ Walk-in clinic

42a. What are reasons [[first name]] went there instead of their PCP? (check all that apply)

- ☐ Clinic closed
- ☐ Transportation
- ☐ Availability
- ☐ Severity of problem
- ☐ Other:

Asthma Medications

What medications do [[student name]] use to manage asthma?

38. What medications is [[student name]] using for asthma? (check all that apply)

- ☐ Advair Discus
- ☐ Advair HFA
- ☐ Albuterol-MDI
- ☐ Albuterol – solution/nebulizer
- ☐ Alvesco
- ☐ Asmanex
- ☐ Dulera
- ☐ Flovent Diskus
- ☐ Flovent MDI
- ☐ Primatene Mist
- ☐ ProAir RespiClick
- ☐ Proventil
- ☐ Pulmicort Flexhaler
- ☐ Pulimort Repules
- ☐ QVAR – RespiClick
- ☐ Singulair
- ☐ Spiriva
- ☐ Symbicort
- ☐ Ventolin
- ☐ Xolair
- ☐ Xopenex
- ☐ Other



Please give more details about the medications that [[student name]] uses for asthma

39. Advair Discus

- ☐ 100
- ☐ 250
- ☐ 500
- ☐ Don't know

40. Advair Discus times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ Don't know

41. Advair Discus puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

42. Advair HFA

- ☐ 45
- ☐ 115
- ☐ 230
- ☐ Don't know

43. Advair HFA times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ Don't know

44. Advair HFA puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

45. Albuterol-MDI *(check all that apply)*

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

46. Albuterol – solution/nebulizer *(check all that apply)*

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

47. Alvesco

- ☐ 80
- ☐ 160
- ☐ Don't know

48. Alvesco puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

49. Asmanex

- ☐ 110
- ☐ 220
- ☐ Don't know

50. Asmanex puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

51. Asmanex times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know



52. Dulera

- ☐ 100
- ☐ 200
- ☐ Don't know

53. Dulera times per day (*check all that apply*)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ Don't know

54. Dulera puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

55. Flovent Diskus

- ☐ 50
- ☐ 100
- ☐ 250
- ☐ Don't know

56. Flovent Diskus puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

57. Flovent Diskus times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ Don't know

58. Flovent MDI

- ☐ 44
- ☐ 110
- ☐ 220
- ☐ Don't know

59. Flovent MDI puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

60. Flovent MDI times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ Don't know

61. Primatene Mist (*check all that apply*)

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

62. ProAir RespiClick (*check all that apply*)

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

63. Proventil (*check all that apply*)

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

64. Pulmicort Flexhaler

- ☐ 80
- ☐ 180
- ☐ Don't know

65. Pulmicort Flexhaler puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know



66. Pulmicort Respules

- ☐ .25
- ☐ .5
- ☐ 1.0
- ☐ Don't know

67. Pulmicort Respules puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

68. Pulmicort Respules times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

69. QVAR-RespiClick

- ☐ 40
- ☐ 80
- ☐ Don't know

70. QVAR-RespiClick puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

71. QVAR-RespiClick times per day

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ Don't know

72. Singulair (mg)

- ☐ 4
- ☐ 5
- ☐ 10
- ☐ Don't know

73. Singulair times per day

- ☐ 1
- ☐ 2
- ☐ As needed
- ☐ Don't know

74. Spiriva (check all that apply)

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

75. Symbicort

- ☐ 80
- ☐ 160
- ☐ Don't know

76. Symbicort times per day (check all that apply)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ As needed
- ☐ SMART
- ☐ Don't know

77. Symbicort puffs

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ Don't know

78. Ventolin (check all that apply)

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

79. Xolair frequency

- ☐ Every 2 weeks
- ☐ Every 4 weeks

80. Xolair

- ☐ Self-inject
- ☐ Inject at doctor's office



81. Xopenex

- ☐ As needed to relieve symptoms
- ☐ Pre-treatment for physical activity
- ☐ Daily (prescribed)
- ☐ Daily (to relieve symptoms)

82. Does [[student name]] have all of these medications at home?

- ☐ Yes
- ☐ No →
- ☐ Don't know
- ☐ N/A

Why not? _____

83. Which medications are you missing or need a refill?

84. Does [[student name]] have a holding chamber/spacing device for the MDI?

- ☐ Yes
- ☐ No
- ☐ N/A
- ☐ Don't know

85. Was a written Asthma Action Plan provided to you by [[student name]]'s health provider that details what medications should be used and when? (it usually has 3 zones, like a traffic light: green, yellow, and red)

- ☐ Yes
- ☐ No
- ☐ Don't know

Missed medication – we would like to know a little bit about when and why [[student name]] misses medications.

86. In the past 2 weeks, has [[student name]] missed any doses of medications that are prescribed to be taken everyday?

- ☐ Yes →
- ☐ No
- ☐ Don't know
- ☐ N/A

91a. Which ones have been missed? _____

91b. Number of days missed taking medication: _____

91c. What are reasons for missing medications prescribed to be taken daily? (check all that apply)

- ☐ Forgot to give
- ☐ Child is better
- ☐ Didn't need anymore
- ☐ Afraid to become dependent
- ☐ Didn't understand instruction
- ☐ Complicated method
- ☐ Side effects
- ☐ Inhaler was empty
- ☐ Expensive
- ☐ Medicine not working
- ☐ Child not cooperating/doesn't want to take
- ☐ Child fell asleep
- ☐ No meds – at other parent's house
- ☐ Other: _____

91d. Notes about missed controller meds: _____



Asthma at School

Please help us understand how asthma is managed at school

87. Has a completed and signed CO Asthma Care Plan and Medication Order for Schools been provided to [[first name]]'s school?

- ☐ Yes
- ☐ No →
- ☐ Don't know

Why not? _____

88. Does [[student name]] have a reliever (bronchodilator) inhaler available for use at school?

- ☐ Yes
- ☐ No →
- ☐ Don't know

Why not? _____

Asthma triggers – Please help us understand [[student name]]'s triggers for asthma

89. What triggers [student's name]'s asthma?

90. Does physical activity trigger [student name]'s asthma?

- ☐ Yes
- ☐ No
- ☐ Don't know

91. Do colds/infections trigger [student name]'s asthma?

- ☐ Yes
- ☐ No
- ☐ Don't know

92. Does [[student name]] have life threatening allergies?

- ☐ Yes →
- ☐ No
- ☐ Don't know

92a. What are the life threatening allergies [[student name]] have?

- ☐ Food
- ☐ Insect bite
- ☐ Latex
- ☐ Medication
- ☐ Other: _____

92b. What life threatening food allergies does [[student name]] has? (Check all that apply)

- ☐ Eggs
- ☐ Fish
- ☐ Milk (cow)
- ☐ Mustard
- ☐ Peanuts
- ☐ Sesame Seeds
- ☐ Shellfish (shrimp, crab, lobster)
- ☐ Soy/Soybeans
- ☐ Sulphur dioxide/Sulphites
- ☐ Wheat
- ☐ Other: _____

92c. Was allergy testing done to confirm or identify these life-threatening allergies?

- ☐ Yes
- ☐ No
- ☐ Don't know



93. Does [[student name]] have an epinephrine auto-injector?

	Yes	No
At home	☐	☐
At school	☐	☐
Don't know	☐	☐

94. If no, what are the reasons for not having an epi-pen at home or school?

95. Has [[student name]] ever had allergy testing

- ☐ Yes →
- ☐ No
- ☐ Don't know

110a. What did the allergy testing indicate that [[student name]] is sensitive to: (check all that apply)

- ☐ Cats
- ☐ Dogs
- ☐ Mice
- ☐ Hamsters
- ☐ Birds
- ☐ Rabbits
- ☐ Cockroaches
- ☐ Trees
- ☐ Grasses
- ☐ Weeds
- ☐ Molds
- ☐ None
- ☐ Don't know
- ☐ Other

96. Does [[student name]] take medications for allergies?

- ☐ Yes →
- ☐ No
- ☐ Don't know

111a. What medications? _____

97. Does [[student name]] have any of the following conditions? (check all that apply)

- ☐ Eczema
- ☐ Hay fever (seasonal)
- ☐ None
- ☐ Don't know

Other Questions

There are just a few more questions I would like to ask you

98. Has [[student name]] ever participated in an asthma education program before?

- ☐ Yes
- ☐ No
- ☐ Don't know



99. In the next 12 months, what is your primary goal for [[student name]]'s asthma? What would you like to do that asthma is keeping you and your child from doing?

100. In the next 12 months, what is your second goal for [[student name]]'s asthma?

101. In the next 12 months, what is your third goal? _____

Final notes:

(Sample script for AN to close out the questionnaire) Based on our conversation, currently [student name] has poorly controlled asthma which is why you are able to participate in the program. We are also going to review what asthma is and how you can tell whether or not the asthma is well controlled or not controlled and medications important for controlling asthma. Working with your health care provider is key to controlling asthma. After this visit, I will prepare and send a letter to your health care provider that explains that [student name] has poorly controlled asthma and that an assessment and adjustment to medications may be warranted. We will also let them know that other supports are necessary for successful asthma management that include: (list all that apply)

- completed CO Asthma Care Plan and Medication Order for Schools
- extra inhaler for school
- Asthma Action Plan