

Child/Family/Caregiver Annual Survey

Record ID:

Student Name:

School:

Study ID:

Section 1: Impact of the program for your child/family

1. The following set of questions will help us learn about the impact of the Better Asthma Control for Kids program for your child/family.

Please answer the questions comparing the impact of the program during this school year as compared to before you started this program.

Rate the impact of joining the Better Asthma Control for Kids program for each factor

a. Asthma control (example - asthma symptoms)

☐ 1 Much worse asthma control

☐ 2 Worsened

☐ 3 No change

☐ 4 Better

☐ 5 Much better asthma control

☐ Don't know

b. My child's confidence with asthma self-management

☐ 1 Much less confident

☐ 2 Less confident

☐ 3 No change

☐ 4 More confident

☐ 5 Much more confident

☐ Don't know

c. Missed days at school due to asthma

☐ 1 Many more missed school days

☐ 2 More missed school days

☐ 3 No change

☐ 4 More school days attended

☐ 5 Many more school days attended

☐ Don't know

d. Need for urgent, unscheduled visits for worsening asthma (Examples: walk-in clinic, Urgent Care or Emergency visits)

☐ 1 Many more urgent visits

☐ 2 More visits

☐ 3 No change

☐ 4 Fewer visits

☐ 5 Much fewer urgent visits

☐ Don't know

e. Our use of controller inhalers to maintain asthma control is consistent with our health provider's recommendations

☐ 1 Much less consistent with recommendations

☐ 2 Less consistent with recommendations

☐ 3 No change

☐ 4 More consistent with recommendations

☐ 5 Much more consistent with recommendations

☐ Don't know or Does not apply to me – no use of controller inhalers

f. Rescue inhaler available for my child's use at school

☐ Worse this year – it used to at school and now it is not

☐ Same as last year

☐ Better this year – it is now at school – but was not before

☐ Don't know

g. Asthma Care Plan on file at my child's school

- ☐ Worse this year – it used to at school and now it is not
☐ Same as last year
☐ Better this year – it is now on file – it was not before
☐ Don't know

Section 2: Overall Satisfaction with Better Asthma Control for Kids Program

2. Please rate your satisfaction with the following activities of the Better Asthma Control for Kids program.

As a reminder, that includes 3 visits with an asthma navigator for your [], and 3 visits with an asthma navigator for parents/caregivers. Indicate your level of satisfaction with various aspects of these visits:

	Very dissatisfied	Moderately dissatisfied	Neither satisfied nor dissatisfied	Moderately satisfied	Very satisfied	Don't know/does not apply to me
a. My visits with our Asthma Navigator	☐	☐	☐	☐	☐	☐
b. My child's visits with our Asthma Navigator	☐	☐	☐	☐	☐	☐
c. Navigator's communications with me from the program (e.g., printed letters, e-mails, text messages)	☐	☐	☐	☐	☐	☐
d. Toolkit bag of asthma resources provided at beginning of program (including program brochure, and spacer for inhaler)	☐	☐	☐	☐	☐	☐
e. Navigator's communications with school nurse/health office (<u>such as sharing updates on the asthma care plan</u>)	☐	☐	☐	☐	☐	☐
f. Navigator's communication with our <u>health care provider</u> to assist (including sharing updates on my child's asthma, securing asthma care plan and medication at school)	☐	☐	☐	☐	☐	☐
g. Connections provided by the navigator to community resources, such as resources to get affordable medications, health insurance, access to asthma care, food, or transportation.	☐	☐	☐	☐	☐	☐

Section 3: Satisfaction with Asthma Navigator, [add navigator name]

3. Please tell us how much you agree or disagree with the following statements about your asthma navigator, [student first name]:

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
a. I trust my asthma navigator to provide accurate information about asthma	☐	☐	☐	☐	☐
b. I trust my asthma navigator to keep any information shared as confidential	☐	☐	☐	☐	☐
c. My asthma navigator understood my family's situation	☐	☐	☐	☐	☐
d. My asthma navigator met our family's needs to <u>understand</u> asthma	☐	☐	☐	☐	☐
e. My asthma navigator met our family's needs to <u>manage</u> asthma	☐	☐	☐	☐	☐
f. My asthma navigator provided useful information	☐	☐	☐	☐	☐
g. My asthma navigator was responsive to our needs and requests	☐	☐	☐	☐	☐

Section 4: Satisfaction with Program Elements

4. On a scale of 1 to 10, based on your understanding of the Better Asthma Control for Kids program to date, how likely are you to recommend the Better Asthma Control for Kids school-based program to another family who has a child with asthma?

Not at all Likely

Neutral

Extremely Likely

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

5. Do you have any suggestions for improving the BACK program based on your ratings?

Section 5: Demographics

Please answer the following questions about **yourself (NOT your child)**.

6. What is your relationship to this child? Are you...

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Other (please specify here): _____

7. Would you be willing to talk to us more about your experience with Better Asthma Control for Kids (BACK)?

- ☐ Yes →
- ☐ No

If yes, please provide your preferred contact information:

Phone: _____

Email: _____

8. What is your phone number? _____

9. What is your email? _____