

San Diego City Schools
Wellness Program
2002/03 ASTHMA SURVEY



SCHOOL: _____

NURSE: _____

DATE: _____

PLEASE INDICATED BY AREAS THAT APPLY TO EACH OF YOUR STUDENTS WITH ASTHMA

Student Name	ID #	Age	Asthma DX			Severe Only	HX	Medication at School		Peak Flow Meter Nurse Uses to Manage	MD Sets Para-meters	Pulmo-aldene Nebulizer Rx's	Student Carries Inhaler	Please Indicate Any Interventions You have Used to Case Manage This Student With Asthma		
			Mild	Mod	Sev-			PRN	# of Daily Meds					Home Visit	Contact Parent	Contact MD
Comments:																
Comments:																
Comments:																
Comments:																
Comments:																
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Comments:																