Parent Proxy Asthma Impact – Short Form 8a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Pdisabasth10r	My child felt scared that he/she might have trouble breathing because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth1r	My child's chest felt tight because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth2r	My child felt wheezy because of his/her asthma.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsdiaryasth4r	My child had trouble breathing because of his/her asthma.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppaqlqasth3r	My child had trouble sleeping at night because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppaqlqasth1r	It was hard for my child to play sports or exercise because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth7r	It was hard for my child to take a deep breath because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsdiaryasth5r	My child's asthma bothered him/her	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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