Parent Proxy Asthma Impact

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
Ppedsdiaryasth5r	My child's asthma bothered him/her.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsdiaryasth4r	My child had trouble breathing because of his/her asthma.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth2r	My child felt wheezy because of his/her 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
Pdisabasth6r	My child was bothered by the amount of time he/she spent wheezing.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth3r	My child had asthma attacks	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth1r	My child's chest felt tight because of asthma.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pdisabasth7r	My child's body felt bad when he/she was out of breath.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppaqlqasth3r	My child had trouble sleeping at night because of asthma.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pdisabasth3r	My child was bothered by asthma when he/she was with friends	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	In the past 7 days...	**Never**	**Almost Never**	**Sometimes**	**Often**	**Almost Always**
Ppedsa2asth6r	My child coughed because of his/her asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pdisabasth2r	My child got tired easily because of his/her 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
Pnewasth1r	My child had trouble walking because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Pdisabasth10r	My child felt scared that he/she might have trouble breathing because of asthma .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsdiaryasth7r	My child missed school because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Ppedsa2asth10r	It was hard for my child to play with pets because of asthma	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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