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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-01413 (11/2014) | **STATE OF WISCONSIN**  Asthma Care and Environmental Strategies (ACES) Program |
| **POST-ASSESSMENT QUESTIONNAIRE** | | | |

Name – Client / Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name - Person completing questionnaire\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many things in our homes can trigger asthma episodes. Please answer the following questions. Your answers will help us in help you.

Please circle or check all that are correct. (There may be more than one correct answer)

1. **Which is an asthma trigger?**
2. Dust mites
3. Cockroaches
4. Bed bugs
5. Mold
6. **Which of these pets may bother a person with asthma?**
7. Dog
8. Cat
9. Bird
10. All of the above
11. **Which is true?**

a. Smoke does not make asthma worse

1. If you can smell smoke, it can hurt your lungs
2. Cigarette smoke is only bad for the person smoking
3. **Where are dust mites found?**
4. Bedding
5. Mattress
6. Carpets and Rugs
7. All of the above
8. **Where can mold or mildew grow that could trigger an asthma episode?**
9. Grout or walls in the bathroom that have black or brown spots on them
10. Damp or wet areas on walls or carpet
11. A dryer not vented to the outside
12. All of the above
13. **All people with asthma should have a written asthma action plan?**

TRUE  FALSE

1. **Joe has asthma but is not coughing. Does he still need to take his controller medicine?**

YES  NO

1. **If I use my rescue inhaler once a day, my asthma is in good control.**

TRUE  FALSE

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| **FOR AGENCY USE ONLY** | | |
| **Client ID No.** | **Enrollment No.** | **Number of Correct Answers** |