English Survey Items
Sef-administered

During the *last 4 weeks,HOW OFTEN* did your child have any of the following symptoms?
(Circle one number on each line)

1. cough?	Never	A few days	Some days	Most days	Every day	Don 't know
	1	2	3	4	5	-
2. wheezing?	Never	A few days	Some days	Most days	Every day	Don 't know
	1	2	3	4	5	-
3. shortness of breath?	Never	A few days	Some days	Most days	Every day	Don 't know
	1	2	3	4	5	-
4. asthma attack?	Never	A few days	Some days	Most days	Every day	Don 't know
	1	2	3	4	5	-
5. chest pain?	Never	A few days	Some days	Most days	Every day	Don 't know
	1	2	3	4	5	-

6. During *the past 4 weeks* ,how many *ASTHMA ATTACKS* did your child have?

☐ # of asthma attacks during last 4 weeks

7. During the *past 4 weeks* ,how often has your child been *AWAKENED AT NIGHT* because of his/her asthma symptoms? [Read Scale]

Never	A few nights	Some nights	Most nights	Every night	Don 't know
1	2	3	4	5	-

8. Overall, how would you rate the *SEVERITY OF YOUR CHILD'S ASTHMA?* [Read Scale]

Very Mild	Mild	Moderate	Severe	Very severe	Don't know
1	2	3	4	5	-