



Parent Truancy Officer Asthma Screening Questionnaire

For all students absent due to asthma ask the following questions and circle yes or no for each.

1. Do you/your child live in one of the following zip codes?

(circle zip)

Yes No

19104, 19121, 19122, 19123, 19130, 19131, 19132, 19133,
19134, 19139, 19140, 19141, 19142, 19143, 19144, 19145,
19146, 19147, 19148, 19151, 19153

2. Does your child take any of the following medications?

(circle which ones)

Yes No

Accolate AeroBid Advair Azmacort Flovent
Pulmicort Serevent Singulair Vanceril

**3. Has your child been to the emergency department with a
severe asthma attack two or more times in the past year?**

Yes No

**4. Has your child stayed in the hospital overnight for asthma
in the past year?**

Yes No



Box 1

If answered **YES** to questions 1, 2 and 3

OR

If answered **YES** to questions 1, 2, and 4

➤ **Inform parent of CAPP home visit
program (see sample script)**

Box 2

If answered **NO** to questions 1 **or** 2

OR

If answered **NO** to questions 3 **and** 4

➤ **Inform parent of CAPP's FREE
asthma classes (see sample script)**

☐ Referral form completed (return to coordinator)

☐ Given class flyer

Date _____ PTO signature _____

COORDINATORS: Please fax (both sides) to Confidential CAPP Fax #: 267-426-5774