

# Post-participation Survey

Please complete the survey below.

Thank you!

Child's Name \_\_\_\_\_

Date Completed \_\_\_\_\_

## Asthma Friendly Home Partnership Program POST-SURVEY

	Excellent	Good	Fair	Poor	
1. How is your family's health today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2. I feel our home is making my child's asthma worse	<input type="radio"/>				
3. I am able to tell you what concerns me about my home	<input type="radio"/>				
4. I understand it is important to have an asthma action plan to manage my child's asthma at home and at school	<input type="radio"/>				
5. I can tell you why rescue medicine is used when my child is having an asthma attack	<input type="radio"/>				
6. My child uses his/her rescue medicine more than twice a week	<input type="radio"/>				
7. I can tell you why a controller medicine is used to improve my child's asthma symptoms	<input type="radio"/>				
8. It is important to follow up with my child's doctor on a regular basis to manage asthma	<input type="radio"/>				
9. Having my home assessed for 2-3 hours to see if it is asthma-friendly is a good amount of time.	<input type="radio"/>				

10. I am comfortable talking to my landlord about repairs to my home that may be related to health('skip question if it doesn't apply)

11. Were you satisfied with the services offered by the Asthma Friendly Home Partnership Program?

12. Were you satisfied with the total amount of time you spent in the Asthma Friendly Home Partnership Program?

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13. If you need to take your child to the Urgent Care or Emergency Room, do you use CMH?

Yes  
 No  
(If checked no, a new window will allow user to enter name of other location.)

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14. How many times did your child have to go to a non-CMH urgent care or emergency room for asthma in the last 3 months?

\_\_\_\_\_

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15. How many times has your child have to be admitted into a non-CMH hospital for asthma in the last 3 months?

\_\_\_\_\_

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16. How many times has your child have to be admitted into a non-CMH Pediatric Intensive Care Unit for asthma in the last 3 months?

\_\_\_\_\_

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Please enter comments as needed related the families satisfaction with the program.

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Post Participation Total Score

\_\_\_\_\_