

Questionnaire about Parental Perceptual and Beliefs about Childhood Asthma

(Translated from the original Arabic version)

Please check on the appropriate response				
I. Parent's demographic filling the questionnaire :	Gender: Male () Female ()	Age in years: ()	Residence: Urban area () Rural area ()	Occupation: (Please specify)
Do you believe your child have any one of?	Asthma ()	Chest Allergy ()	Recurrent Dyspnea ()	
If yes, please proceed to the next section				
II. Child's gender: Male () Female ()			Age in years: ()	
Does your child have a regular (every 1-3 months) visit to the physician? Yes () No ()				
Have your child ever been hospitalized due to Asthma? Yes () No ()				
Have your child ever been absent from the school due to Asthma? Yes () No ()				
Does your child have exercise related shortness of breath? Yes () No ()				
Does your child have trouble breathing during sleep more than one night per week? Yes () No ()				
Does your child have daily cough? Yes () No ()				
Does your child have dyspnea at rest? Yes () No ()				
Do you consult the pediatrician about your child's asthma attack? Yes () No ()				
Are you able to treat your child's asthma attack at home? Yes () No ()				

<p>What do you think about the etiology of asthma? Hereditary () Contagious () Others ()</p>
<p>What do you believe about asthma trigger? : Viral illness() Dust () Food () Indoor smoking ()</p>
<p>Does your child receive any medication for Asthma, chest allergy, recurrent dyspnea? Yes () No ()</p>
<p>If yes pleas proceed to the next section</p>
<p>What is/are your child's medication(s)? Please list - - - -</p>
<p>What is the preferred route for your child's medication? Oral () Inhaled () Others ()</p>
<p>Have you ever received education from physician about your child's medications? Yes () No ()</p>
<p>Do you believe that inhaler may cause addiction? Yes () No ()</p>
<p>Are you worried about inhaler side effects? Yes () No ()</p>
<p>Are you worried about inhaler steroid side effects? Yes () No ()</p>
<p>Have you ever treat your child with herbs for asthma? Yes () No ()</p>
<p>IV. Do you believe your child have an asthma diagnosis? Yes () No ()</p>