

APPENDIX A. INDIVIDUAL SCHOOL SURVEY

**ASTHMA PREVALENCE IN CONNECTICUT SCHOOL AGE CHILDREN
INDIVIDUAL SCHOOL SURVEY - Fall, 1999**
Environmental and Human Health, Inc.

Name of School _____ # Students * _____ District _____

Check One: (A) Elementary _____ (B) Middle/Jr. High _____ (C) High _____ (D) K-8 _____

Check One: Public _____ Non-Profit _____ Telephone # _____

School Nurse filling out form (give name): _____

* Do not include preschoolers in count

Please Note: Items F – J relate **only** to prescriptions for **in-school** medications.

E. Total # students diagnosed with asthma* * Do not include preschoolers	E. _____
F. Of students in E, total # with a prescription only for PRN bronchodilators (non-nebulizer)	F. _____
G. Of students in E, total # with a prescription only for daily bronchodilators (non-nebulizer)	G. _____
H. Of students in E, total # with a prescription only for daily anti-inflammatory medication	H. _____
I. Of students in E, total # with a prescription for daily anti-inflammatory medication AND a bronchodilator (non-nebulizer)	I. _____
J. Of students in E, total # with a prescription for PRN bronchodilator by nebulizer	J. _____
K. Of students in E, total # with a prescription for daily bronchodilator by nebulizer	K. _____

**Please return this school survey to your school nurse supervisor by October 20, 1999.
Thank you for your assistance in conducting this important survey.**

APPENDIX B. DISTRICT TOTALS

**ASTHMA PREVALENCE IN CONNECTICUT SCHOOL AGE CHILDREN
DISTRICT TOTALS - Fall, 1999**
Environmental and Human Health, Inc.

School District _____ School District Code # _____

Schools in District: Elementary _____ Middle/Jr. High _____ High _____ K-8 _____

<p>A. Total # elementary students served in district * * Do not include preschoolers in count</p>	<p>Public schools: _____ Non-profit schools: _____ Total (A): _____</p>
<p>B. Total # of middle/jr. high students served in district* * Do not include preschoolers in count</p>	<p>Public schools: _____ Non-profit schools: _____ Total (B): _____</p>
<p>C. Total # of high school students served in district* * Do not include preschoolers in count</p>	<p>Public schools: _____ Non-profit schools: _____ Total (C): _____</p>
<p>D. Total # of K-8 school students served in district* * Do not include preschoolers in count</p>	<p>Public schools: _____ Non-profit schools: _____ Total (D): _____</p>
<p>E. Total # students diagnosed with asthma* * Based on students included in totals of A-D above</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>
<p>F. Total # students in E with a prescription only for PRN bronchodilators (non-nebulizer)</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>
<p>G. Total # students in E with a prescription only for daily bronchodilators (non-nebulizer)</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>
<p>H. Total # students in E with a prescription only for daily anti-inflammatory medication</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>
<p>I. Total # students in E with a prescription for daily anti-inflammatory AND bronchodilator medication (non-nebulizer)</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>
<p>J. Total # students in E with a prescription for PRN bronchodilator by nebulizer</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>
<p>K. Total # students in E with a prescription for daily bronchodilator by nebulizer</p>	<p>Elementary (K+) _____ Middle/Jr. _____ High _____ K-8 _____</p>