

A SURVEY OF ASTHMA PREVALENCE IN ELEMENTARY SCHOOL CHILDREN

APPENDIX 1

ASTHMA SURVEY OF K-5 STUDENTS IN CONNECTICUT ENVIRONMENT AND HUMAN HEALTH, INC.

School Nurses: It is critical that you fill in or check every item. If you need to request information from other school officials, please do. If you have questions about the survey, call Nadine Schwab at (203) 795-0652. Thank you in advance for your time and efforts.

School Name _____ District _____

Number of students in K through 5 _____ Grades in the school _____

- 1. Is your school public or private non-profit? (check one) [] Public [] Private Non-Profit
2. Please provide your best estimate of the extent of asthma among students in grades K-5:
Number of K-5 students diagnosed with asthma [] [*K-5 grade students only please]
Number of K-5 students for whom you have an inhaler or nebulizer in your office []
3. In general, your information is based on which of these source(s) of information? (check as many as apply)
[] HAR3 (blue form) [] Cumulative health record
[] Emergency information [] Medication orders
[] Parent report [] Other (specify _____)

Please check, in questions 4, 5, 6 and 7, the single best answer about your school building.

- 4. Location of school:
[] Level ground
[] Top of hill
[] Into side of hill
[] Below a hill
5. Land around school:
[] Dry
[] Damp
[] Marsh-like
6. School Structure:
[] Pitched roof
[] Flat roof
[] Both
7. History of roof leaks in past 12 months: [] Never [] Once [] More than once
8. Are you aware of water leaks in the past 12 months, other than from the roof, such as from pipes, floors, walls, faulty air conditioners or radiators? [] Yes [] No

Please see facing page for the continuation of this survey.



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APPENDIX 1 (CONTINUED)

9. Is there carpeting anywhere in your school that is stationary or cannot be moved?

No Yes **If yes, check all categories that apply to your school:**

- All classrooms
- Some classrooms
- No classrooms
- Library or media center
- Auditorium
- Administrative space

10. Does your school have a rodent problem? Yes No Not sure

11. Does your school have a cockroach problem? Yes No Not sure

12. Use of Pesticides:

Does your school use pesticides (either insecticides or herbicides) on its playing fields?

Yes No Not sure

Have pesticides been used inside your school during the past two years?

Yes No Not sure

Does your school use pesticides inside your building on a regular schedule?

Yes No Not sure

13. Has your school been renovated or had new construction in the past 2 years?

Yes No Not sure

If yes, have the children been in school during the renovations or new construction?

Yes No Not sure

14. Has your school implemented the EPA "Tools for Schools" or a comparable program?

Yes No Not sure

15. Do school buses idle adjacent to your school for more than 3 minutes?

Yes No Not sure

16. Is there anything else of relevance that you think we should know? _____

17. How long did it take you to complete this survey? _____

**PLEASE RETURN THIS FORM TO YOUR SCHOOL NURSE SUPERVISOR
BEFORE JANUARY 31, 2003**