

Date _____	The University of Georgia Cooperative Extension Service Putting Knowledge to Work Housing & Near Environment INDOOR AIR QUALITY: Asthma	# _____
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Checking My Knowledge...

	True	False
• Symptoms of asthma include wheezing, shortness of breath, and coughing.	<input type="checkbox"/>	<input type="checkbox"/>
• Asthma is more prevalent among low income and minority groups.	<input type="checkbox"/>	<input type="checkbox"/>
• The five major triggers of asthma are secondhand smoke, dust mites, pet dander, molds, and pests.	<input type="checkbox"/>	<input type="checkbox"/>
• Dust mites are tiny microscopic animals that live in warm, humid places such as mattresses, pillows, carpets, fabric-covered furniture, bedcovers, clothes, and stuffed toys.	<input type="checkbox"/>	<input type="checkbox"/>
• Pet urine or saliva can be asthma triggers.	<input type="checkbox"/>	<input type="checkbox"/>
• The Allergy and Asthma Network – Mothers of Asthmatics, Inc. (AAN-MA) is an organization dedicated to helping all people affected by allergies and asthma.	<input type="checkbox"/>	<input type="checkbox"/>

Taking Charge...

When I go home, I plan to:

	Yes, I'll Start	I already do this
• Talk with my health care provider about asthma, its causes, and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
• Educate my family about asthma.	<input type="checkbox"/>	<input type="checkbox"/>
• Educate my children about asthma triggers as well as the symptoms of asthma.	<input type="checkbox"/>	<input type="checkbox"/>
• Control asthma triggers by taking steps such as proper cleaning, keeping the house pet free and smoke free, controlling moisture in the house and resolving pest problems.	<input type="checkbox"/>	<input type="checkbox"/>

WORKSHOP TITLE
Overall, this workshop was....

Not Helpful 1 2 3 4 5 Very Helpful

Other Topics

I would like to have more information on: _____

The best time and place for another workshop is: _____

One thing I will do as a result of this workshop is: _____

I would have enjoyed this workshop more if: _____

Name (optional) _____

Receive Food Stamps? Yes _____ No _____

Ethnic Background White _____ Black _____
Hispanic/Latino _____
Multi-Cultural _____ American Indian _____
Asian/Pacific Islander _____

Receive Housing Assistance? Yes _____ No _____