

Patient Name _____ Date of Birth _____

Well Child Care Asthma sick visit Asthma Follow Up Other

Parent Questions

1. In the **past 6 months**, how many days of school or daycare has your child missed from asthma? _____
2. In the **past 6 months**, how many ER or Urgent Care visits for asthma? _____
3. In the **past 6 months**, how many hospital admissions for asthma? _____
4. In the **past month**, how often did he/she have daytime asthma symptoms (coughing, shortness of breath, wheezing, reduced activity)? More than 1/day 1/day 3-6 days/week 0-2 days/week
5. In the **past month**, how often did he/she have nighttime asthma symptoms (coughing, shortness of breath, wheezing, waking up)? 7+ nights 5-6 nights 3-4 nights 0-2 nights
6. In the **past month**, how well do you think his/her asthma was controlled?
 Not at all Poorly Somewhat Well Completely
7. I want to know more about: Medications Preventing attacks Emergencies
 Helping others manage my child's asthma Other: _____
8. On a scale of 1 (Not confident) to 10 (Very confident), how confident are you in managing your child's asthma? _____
9. In the **past year**, has your child had a flu shot? Yes No. Why? _____

Physician Questions

10. Is this the first diagnosis of asthma? Yes No
11. Severity Level: Intermittent Mild persistent Moderate persistent Severe persistent
12. Controller medication: None Inhaled steroid Other: _____
13. Asthma Action Plan reviewed today? Yes No
14. Control assessed today? Yes No
15. Patient age 5 or older? Yes No
16. Spirometry recorded in the **last 6 months**? Yes No
17. Control in the **past month**: Not at all Poorly Somewhat Well Completely
18. If not Well or Completely controlled, why? Environment Adherence Social issues
 Comorbidities Infections Family does not understand plan Other: _____
19. Number of rescue medicine refills in the **past year**: _____
20. Number of courses of systemic steroids in the **past year**: _____

Complete control: No asthma symptoms, no rescue med use, parents feel it is controlled, no limit on exercise or school, PEF at max

Well controlled: symptoms and rescue med use ≤ 2/week, night symptoms ≤ 2/month, rescue med refill ≤ 2/year, PEF ≥ 80%, systemic steroids ≤ 1/year

Poorly controlled: symptoms throughout the day, PEF < 60% consistently, systemic steroids > 3/year

Not controlled: rescue medicines not helping

Guidance

- Demonstrated use of **inhaler with spacer**
- Demonstrated use of **Diskus**
- Demonstrated use of **Twisthaler**
- Demonstrated use of **peak flow meter**
- Discussed **rescue and control** medications
- Discussed use of **spacer**
- Discussed **triggers**

- Discussed **inflammation** and **bronchoconstriction**
- Discussed severity **zones**
- Discussed use of **peak flow meter**
- Discussed asthma control and the **Rule of Twos**
- Follow up in one month
- Follow up in six months
- Other: _____

Discussed **smoking** cessation

Daniel Wachsstock, MD

Date Time