Teaming Up for Asthma Control

Student Form

DEMOGRAPHICS Student First Name: _____ Student Last Name: ____ School Name: School Zip Code: ___ TUAC Consent **Date of Birth** Gender: Height Signed? Month Day (inches) Year ○ Male O Yes Female \bigcirc No (4)(0)(5)(1) 222222 33333333 4444444 Race/Ethnicity: 62 7 3 O Asian 4 Black (5)(5)(5)(5)(5)(5) (5) O Hispanic 6666666 6 ○ Indian 0000000000 7 White 8|8|8|8|8|8 8 Hawaiian or Pacific Islander 999999Multi-race (not Hispanic) FUNCTIONAL IMPAIRMENT ASSESSMENT To be completed at the beginning of VISIT ONE. In the past two weeks, did asthma keep you from doing these things . . .? little Not Some A lot Totally at all bit Playing at friends', neighbors', or relatives' houses Running fast or playing hard (things that use a lot of energy or action) Shooting hoops, bike riding, walking up stairs, jumping rope, dancing, or playing an instrument (things that use *less* energy or action) Walking (things that use a little energy or action) Sleeping all night (not awakened by coughing or difficulty breathing) How often do people SMOKE around you? VISIT ONE (Week 1) NOTE: Please use "Respiratory Inhaler" poster and NOTE: Please use POCKET GUIDE for step by step instructions for both "Poster Update" to assist student with identifying Asma-1 and In-Check Dial. ICS medication. Date of Visit 1 Asma-1 **Device** Does student take **In-Check Dial** ICS Month Day **Target** ICS medication? Best Doses³ O ICS by MDI Time FEV1 After Coaching **Before Coaching** O ICS by DPI IFR 00IFT IFR IFT If YES, name of ICS: 0 | 0 | 0 | 0 | 0 | 0 | 0111 0 000 \bigcirc 10 \bigcirc 1 \bigcirc 10 O 1 If no ICS by MDI or DPI, then: 222222 Flovent 2 211 111 \bigcirc 20 \bigcirc 2 \bigcirc 20 O 2 33333333 3 Quick Relief/ 32 22 O QVar \bigcirc 30 \bigcirc 3 \bigcirc 30 \bigcirc 3 4 4 4 4 4 4 4 **(4)(3) O** 40 **O** 40 $\bigcirc 4$ Alvesco (4) (3)(3) $\bigcirc 4$ O 50 555555 (5) 5 4 4 4 \bigcirc 5 O 50 Pulmicort \bigcirc 5 Student knows **TARGET TIME?** 6666666 Asmanex **(6)** (5) **(5)** \bigcirc 60 \bigcirc 6 **O** 60 \bigcirc 6 7777777 Advair 7 6 66 \bigcirc 70 \bigcirc 7 \bigcirc 70 \bigcirc 7 Yes 8|8|8|8|8|8 (8) 7 77 08 0 8 Symbicort O No 8 08

(8)

(8)(8)

(9)

○ ≥90

 $\bigcirc >9$

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O Dulera *For Example: Taking Flovent 110, 2 puffs twice a day for one week equals 14 doses (A.M. dose + P.M. dose x 7 days = 14 doses)

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			VISIT TWO	(Week 2)			
NOTE: Please use "Respiratory Inhaler" poster and "Poster Update" to assist student with identifying ICS medication.				NOTE: Please use POCKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.			
Date of Visit 2	Does student take	Weekly ICS	Device	Asm	a-1	In-Check Dial	
Month Day Year	ICS medication?	Doses*	O ICS by MDI	Best FEV1	Target Time		
	○Yes ○No		O ICS by DPI	FEVI	(seconds)	Before Coaching After Coaching	
00000000 010101010 22222222 333333333 44444444 65555555 6666666 777777777	If YES, name of ICS: Flovent QVar Alvesco Pulmicort Asmanex Advair Symbicort	0 1 2 3 4 5 6 7 8	If no ICS by MDI or DPI, then: Quick Relief/MDI Student knows TARGET TIME? Yes No	100 201 32 43 54	00 11 23 34 46 66 77	IFR IFT ○ 10 ○ 1 ○ 20 ○ 2 ○ 30 ○ 3 ○ 40 ○ 4 ○ 50 ○ 5 ○ 60 ○ 6 ○ 70 ○ 7 ○ 80 ○ 8	
9999999	O Dulera	9		8	88	○ ≥90 ○ ≥9 ○ ≥9	
*For Example: Taking Flovent 110, 2 puffs twice a day for one week equals 14 doses (A.M. dose + P.M. dose x 7 days = 14 doses)							
	,	V	UCIT TUDEE	: //Mook 2	\		
			ISIT THREE	•	,		
In the past two weeks, did asthma keep you from doing these things? Not at all Not at all Not at all Some A lot Totally Playing at friends', neighbors', or relatives' houses Running fast or playing hard (things that use a lot of energy or action) Shooting hoops, bike riding, walking up stairs, jumping rope, dancing, or playing an							
	that use <i>less</i> energy			icing, or pia	iying an	0 0 0 0	
Walking (things that us							
Sleeping all night (not awakened by coughing or difficulty breathing)							
How often do people S	MOKE around you?)				0 0 0 0	
	NOTE: Please use "Resp. "Poster Update" to assis			NOTE: Plea	ase use PO	CKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.	
Date of Visit 3	Does student take	Weekly	Device	Asm	ıa-1	In-Check Dial	
Month Day Year		ICS				III-CHECK Diai	
Month Day Year	ICS medication?	Doses*	O ICS by MDI	Best	Target		
MORTH Day Year	OYes ONo	Doses*	O ICS by MDI	Best FEV1	Target Time (seconds)	Before Coaching After Coaching	
00000000 11111111 22222222 33333333 44444444 5555555 66666666 7777777777 88888888 99999999	Yes No If YES, name of ICS: Flovent QVar Alvesco Pulmicort Asmanex Advair Symbicort Dulera	00 00 02 3 4 5 6 7 8 9	ICS by DPI If no ICS by MDI or DPI, then: Quick Relief/ MDI Student knows TARGET TIME? Yes No	100 20 32 43 54 6	Time (seconds) 0 0 0 1 1 2 2 3 3 3 4 4 4 5 5 6 6 6 7 7 8 8 8	Before Coaching After Coaching IFR IFT ○ 10 ○ 1 ○ 20 ○ 2 ○ 30 ○ 3 ○ 40 ○ 4 ○ 50 ○ 5 ○ 60 ○ 6 ○ 70 ○ 7 ○ 80 ○ 8 ○ ≥90 ○ ≥9	
00000000 111111111 2222222 3333333333 44444444 6555555 6666666 777777777	Yes No If YES, name of ICS: Flovent QVar Alvesco Pulmicort Asmanex Advair Symbicort Dulera	00 00 02 3 4 5 6 7 8 9	ICS by DPI If no ICS by MDI or DPI, then: Quick Relief/ MDI Student knows TARGET TIME? Yes No	100 20 32 43 54 6	Time (seconds) 0 0 0 1 0 2 2 3 3 3 4 4 5 5 6 6 6 7 7 7	IFR IFT ○ 10 ○ 1 ○ 20 ○ 2 ○ 30 ○ 3 ○ 40 ○ 4 ○ 50 ○ 5 ○ 60 ○ 6 ○ 70 ○ 7 ○ 80 ○ 8	
00000000000000110101010222222222222233333333	Yes No If YES, name of ICS: Flovent QVar Alvesco Pulmicort Asmanex Advair Symbicort Dulera	00 00 02 3 4 5 6 7 8 9	ICS by DPI If no ICS by MDI or DPI, then: Quick Relief/ MDI Student knows TARGET TIME? Yes No	100 20 32 43 54 6	Time (seconds) 0 0 0 1 1 2 2 3 3 3 4 4 4 5 5 6 6 6 7 7 8 8 8	IFR IFT ○ 10 ○ 1 ○ 20 ○ 2 ○ 30 ○ 3 ○ 40 ○ 4 ○ 50 ○ 5 ○ 60 ○ 6 ○ 70 ○ 7 ○ 80 ○ 8	