

Teaming Up for Asthma Control

Student Form

DEMOGRAPHICS

Student First Name: _____ Student Last Name: _____

School Name: _____

School Zip Code: _____

Date of Birth			
Month	Day	Year	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Height (inches)	
4	0
5	1
6	2
7	3
	4
	5
	6
	7
	8
	9

Gender:

- Male
 Female

TUAC Consent Signed?
<input type="radio"/> Yes <input type="radio"/> No

Race/Ethnicity:

- Asian
 Black
 Hispanic
 Indian
 White
 Hawaiian or Pacific Islander
 Multi-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 . . . ?

	Not at all	A little bit	Some	A lot	Totally
Playing at friends', neighbors', or relatives' houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running fast or playing hard (things that use a lot of energy or action)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shooting hoops, bike riding, walking up stairs, jumping rope, dancing, or playing an instrument (things that use <i>less</i> energy or action)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking (things that use a little energy or action)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping all night (not awakened by coughing or difficulty breathing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do people SMOKE around you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VISIT ONE (Week 1)

<p>NOTE: Please use "Respiratory Inhaler" poster and "Poster Update" to assist student with identifying ICS medication.</p>		<p>NOTE: Please use POKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.</p>																																																																																																																														
<p>Date of Visit 1</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> </tbody> </table>		Month	Day	Year				0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	<p>Does student take ICS medication?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If YES, name of ICS:</p> <p><input type="radio"/> Flovent <input type="radio"/> QVar <input type="radio"/> Alvesco <input type="radio"/> Pulmicort <input type="radio"/> Asmanex <input type="radio"/> Advair <input type="radio"/> Symbicort <input type="radio"/> Dulera</p>	<p>Weekly ICS Doses*</p> <table border="1"> <tbody> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </tbody> </table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>Device</p> <p><input type="radio"/> ICS by MDI <input type="radio"/> ICS by DPI</p> <p>If no ICS by MDI or DPI, then:</p> <p><input type="radio"/> Quick Relief/MDI</p> <p>Student knows TARGET TIME?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Asma-1</p> <table border="1"> <thead> <tr> <th>Best FEV1</th> <th>Target Time (seconds)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> </tbody> </table>	Best FEV1	Target Time (seconds)			1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	<p>In-Check Dial</p> <table border="1"> <thead> <tr> <th colspan="2">Before Coaching</th> <th colspan="2">After Coaching</th> </tr> <tr> <th>IFR</th> <th>IFT</th> <th>IFR</th> <th>IFT</th> </tr> </thead> <tbody> <tr><td><input type="radio"/> 10</td><td><input type="radio"/> 1</td><td><input type="radio"/> 10</td><td><input type="radio"/> 1</td></tr> <tr><td><input type="radio"/> 20</td><td><input type="radio"/> 2</td><td><input type="radio"/> 20</td><td><input type="radio"/> 2</td></tr> <tr><td><input type="radio"/> 30</td><td><input type="radio"/> 3</td><td><input type="radio"/> 30</td><td><input type="radio"/> 3</td></tr> <tr><td><input type="radio"/> 40</td><td><input type="radio"/> 4</td><td><input type="radio"/> 40</td><td><input type="radio"/> 4</td></tr> <tr><td><input type="radio"/> 50</td><td><input type="radio"/> 5</td><td><input type="radio"/> 50</td><td><input type="radio"/> 5</td></tr> <tr><td><input type="radio"/> 60</td><td><input type="radio"/> 6</td><td><input type="radio"/> 60</td><td><input type="radio"/> 6</td></tr> <tr><td><input type="radio"/> 70</td><td><input type="radio"/> 7</td><td><input type="radio"/> 70</td><td><input type="radio"/> 7</td></tr> <tr><td><input type="radio"/> 80</td><td><input type="radio"/> 8</td><td><input type="radio"/> 80</td><td><input type="radio"/> 8</td></tr> <tr><td><input type="radio"/> ≥90</td><td><input type="radio"/> ≥9</td><td><input type="radio"/> ≥90</td><td><input type="radio"/> ≥9</td></tr> </tbody> </table>	Before Coaching		After Coaching		IFR	IFT	IFR	IFT	<input type="radio"/> 10	<input type="radio"/> 1	<input type="radio"/> 10	<input type="radio"/> 1	<input type="radio"/> 20	<input type="radio"/> 2	<input type="radio"/> 20	<input type="radio"/> 2	<input type="radio"/> 30	<input type="radio"/> 3	<input type="radio"/> 30	<input type="radio"/> 3	<input type="radio"/> 40	<input type="radio"/> 4	<input type="radio"/> 40	<input type="radio"/> 4	<input type="radio"/> 50	<input type="radio"/> 5	<input type="radio"/> 50	<input type="radio"/> 5	<input type="radio"/> 60	<input type="radio"/> 6	<input type="radio"/> 60	<input type="radio"/> 6	<input type="radio"/> 70	<input type="radio"/> 7	<input type="radio"/> 70	<input type="radio"/> 7	<input type="radio"/> 80	<input type="radio"/> 8	<input type="radio"/> 80	<input type="radio"/> 8	<input type="radio"/> ≥90	<input type="radio"/> ≥9	<input type="radio"/> ≥90	<input type="radio"/> ≥9
Month	Day	Year																																																																																																																														
0	0	0																																																																																																																														
1	1	1																																																																																																																														
2	2	2																																																																																																																														
3	3	3																																																																																																																														
4	4	4																																																																																																																														
5	5	5																																																																																																																														
6	6	6																																																																																																																														
7	7	7																																																																																																																														
8	8	8																																																																																																																														
9	9	9																																																																																																																														
0	0																																																																																																																															
1	1																																																																																																																															
2	2																																																																																																																															
3	3																																																																																																																															
4	4																																																																																																																															
5	5																																																																																																																															
6	6																																																																																																																															
7	7																																																																																																																															
8	8																																																																																																																															
9	9																																																																																																																															
Best FEV1	Target Time (seconds)																																																																																																																															
1	0																																																																																																																															
2	1																																																																																																																															
3	2																																																																																																																															
4	3																																																																																																																															
5	4																																																																																																																															
6	5																																																																																																																															
7	6																																																																																																																															
8	7																																																																																																																															
9	8																																																																																																																															
Before Coaching		After Coaching																																																																																																																														
IFR	IFT	IFR	IFT																																																																																																																													
<input type="radio"/> 10	<input type="radio"/> 1	<input type="radio"/> 10	<input type="radio"/> 1																																																																																																																													
<input type="radio"/> 20	<input type="radio"/> 2	<input type="radio"/> 20	<input type="radio"/> 2																																																																																																																													
<input type="radio"/> 30	<input type="radio"/> 3	<input type="radio"/> 30	<input type="radio"/> 3																																																																																																																													
<input type="radio"/> 40	<input type="radio"/> 4	<input type="radio"/> 40	<input type="radio"/> 4																																																																																																																													
<input type="radio"/> 50	<input type="radio"/> 5	<input type="radio"/> 50	<input type="radio"/> 5																																																																																																																													
<input type="radio"/> 60	<input type="radio"/> 6	<input type="radio"/> 60	<input type="radio"/> 6																																																																																																																													
<input type="radio"/> 70	<input type="radio"/> 7	<input type="radio"/> 70	<input type="radio"/> 7																																																																																																																													
<input type="radio"/> 80	<input type="radio"/> 8	<input type="radio"/> 80	<input type="radio"/> 8																																																																																																																													
<input type="radio"/> ≥90	<input type="radio"/> ≥9	<input type="radio"/> ≥90	<input type="radio"/> ≥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)

VISIT TWO (Week 2)

Date of Visit 2			NOTE: Please use "Respiratory Inhaler" poster and "Poster Update" to assist student with identifying ICS medication.		NOTE: Please use POKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.											
Month	Day	Year	Does student take ICS medication?	Weekly ICS Doses*	Device			Asma-1		In-Check Dial						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> ICS by MDI <input type="checkbox"/> ICS by DPI	If no ICS by MDI or DPI, then: <input type="checkbox"/> Quick Relief/MDI			Best FEV1		Target Time (seconds)		Before Coaching		After Coaching	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES , name of ICS:	<input type="checkbox"/>	Student knows TARGET TIME?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IFR	<input type="checkbox"/> IFT	<input type="checkbox"/> IFR	<input type="checkbox"/> IFT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Flovent	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 10	<input type="checkbox"/> 1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> QVar	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20	<input type="checkbox"/> 2	<input type="checkbox"/> 20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alvesco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30	<input type="checkbox"/> 3	<input type="checkbox"/> 30	<input type="checkbox"/> 3		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pulmicort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40	<input type="checkbox"/> 4	<input type="checkbox"/> 40	<input type="checkbox"/> 4		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asmanex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50	<input type="checkbox"/> 5	<input type="checkbox"/> 50	<input type="checkbox"/> 5		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60	<input type="checkbox"/> 6	<input type="checkbox"/> 60	<input type="checkbox"/> 6		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Symbicort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70	<input type="checkbox"/> 7	<input type="checkbox"/> 70	<input type="checkbox"/> 7		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dulera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 80	<input type="checkbox"/> 8	<input type="checkbox"/> 80	<input type="checkbox"/> 8		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥9	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥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)

VISIT THREE (Week 3)

In the past two weeks, did asthma keep you from doing these things . . . ?

	Not at all	A little bit	Some	A lot	Totally
Playing at friends', neighbors', or relatives' houses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running fast or playing hard (things that use a lot of energy or action)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shooting hoops, bike riding, walking up stairs, jumping rope, dancing, or playing an instrument (things that use less energy or action)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking (things that use a little energy or action)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping all night (not awakened by coughing or difficulty breathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do people SMOKE around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Visit 3			NOTE: Please use "Respiratory Inhaler" poster and "Poster Update" to assist student with identifying ICS medication.		NOTE: Please use POKET GUIDE for step by step instructions for both Asma-1 and In-Check Dial.											
Month	Day	Year	Does student take ICS medication?	Weekly ICS Doses*	Device			Asma-1		In-Check Dial						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> ICS by MDI <input type="checkbox"/> ICS by DPI	If no ICS by MDI or DPI, then: <input type="checkbox"/> Quick Relief/MDI			Best FEV1		Target Time (seconds)		Before Coaching		After Coaching	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES , name of ICS:	<input type="checkbox"/>	Student knows TARGET TIME?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IFR	<input type="checkbox"/> IFT	<input type="checkbox"/> IFR	<input type="checkbox"/> IFT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Flovent	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> 1	<input type="checkbox"/> 10	<input type="checkbox"/> 1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> QVar	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20	<input type="checkbox"/> 2	<input type="checkbox"/> 20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alvesco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30	<input type="checkbox"/> 3	<input type="checkbox"/> 30	<input type="checkbox"/> 3		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pulmicort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 40	<input type="checkbox"/> 4	<input type="checkbox"/> 40	<input type="checkbox"/> 4		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Asmanex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 50	<input type="checkbox"/> 5	<input type="checkbox"/> 50	<input type="checkbox"/> 5		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Advair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60	<input type="checkbox"/> 6	<input type="checkbox"/> 60	<input type="checkbox"/> 6		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Symbicort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 70	<input type="checkbox"/> 7	<input type="checkbox"/> 70	<input type="checkbox"/> 7		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dulera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 80	<input type="checkbox"/> 8	<input type="checkbox"/> 80	<input type="checkbox"/> 8		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥9	<input type="checkbox"/> ≥90	<input type="checkbox"/> ≥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)

Comments: