

FIGURE 3–6. SAMPLE QUESTIONS FOR ASSESSING AND MONITORING ASTHMA CONTROL**Monitoring Asthma Control****Ask the patient:**

- Has your asthma awakened you at night or early morning?
- Have you needed more quick-relief bronchodilator medication (inhaled short-acting beta₂-agonist) than usual?
- Have you needed any urgent medical care for your asthma, such as unscheduled visits to your doctor, an urgent care clinic, or the emergency department?
- Are you participating in your usual and desired activities?
- If you are measuring your peak flow, has it been below your personal best?

Actions to consider:

- Assess whether the medications are being taken as prescribed.
- Assess whether the medications are being inhaled with correct technique.
- Assess lung function with spirometry and compare to previous measurement.
- Adjust medications, as needed; either step up if control is inadequate or step down if control is maximized, to achieve the best control with the lowest dose of medication.

Source: Adapted and reprinted from “Global Initiative for Asthma: Pocket Guide for Asthma Management and Prevention.” NIH Publication No. 96-3659B. Bethesda, MD: Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. 1995

FIGURE 3–7. COMPONENTS OF THE CLINICIAN’S FOLLOWUP ASSESSMENT: SAMPLE ROUTINE CLINICAL ASSESSMENT QUESTIONS*

Monitoring Signs and Symptoms

(Global assessment) “Has your asthma been better or worse since your last visit?”

“Has your asthma worsened during specific seasons or events?”

(Recent assessment) “In the past 2 weeks, how many days have you:

- Had problems with coughing, wheezing, shortness of breath, or chest tightness during the day?”
- Awakened at night from sleep because of coughing or other asthma symptoms?”
- Awakened in the morning with asthma symptoms that did not improve within 15 minutes of inhaling a short-acting beta₂-agonist?”
- Had symptoms while exercising or playing?”
- Been unable to perform a usual activity, including exercise, because of asthma?”

Monitoring Pulmonary Function

Lung Function

“What is the highest and lowest your peak flow has been since your last visit?”

“Has your peak flow dropped below ___ L/min (80 percent of personal best) since your last visit?”

“What did you do when this occurred?”

Peak Flow Monitoring Technique

“Please show me how you measure your peak flow.”

“When do you usually measure your peak flow?”

Monitoring Quality of Life/Functional Status

“Since your last visit, how many days has your asthma caused you to:

- Miss work or school?”
- Reduce your activities?”
- (For caregivers) Change your activity because of your child’s asthma?”

“Since your last visit, have you had any unscheduled or emergency department visits or hospital stays?”

Monitoring Exacerbation History

“Since your last visit, have you had any episodes/times when your asthma symptoms were a lot worse than usual?”

If yes, “What do you think caused the symptoms to get worse?”

If yes, “What did you do to control the symptoms?”

“Have there been any changes in your home or work environment (e.g., new smokers or pets)?”

Monitoring Pharmacotherapy

Medications

“What medications are you taking?”

“How do you feel about taking medication?”

“How often do you take each medication?”

“How much do you take each time?”

“Have you missed or stopped taking any regular doses of your medications for any reason?”

“Have you had trouble filling your prescriptions (e.g., for financial reasons, not on formulary)?”

“How many puffs of your inhaled short-acting beta₂-agonist (quick-relief medicine) do you use per day?”

“How many [name inhaled short-acting beta₂-agonist] inhalers [or pumps] have you been through in the past month?”

“Have you tried any other medicines or remedies?”

Side Effects

“Has your asthma medicine caused you any problems?”

- Shakiness, nervousness, bad taste, sore throat, cough, upset stomach, hoarseness, skin changes (e.g., bruising)

Inhaler Technique

“Please show me how you use your inhaler.”

Monitoring Patient–Provider Communication and Patient Satisfaction

“What questions have you had about your asthma daily self-management plan and action plan?”

“What problems have you had following your daily self-management plan? Your action plan?”

“How do you feel about making your own decisions about therapy?”

“Has anything prevented you from getting the treatment you need for your asthma from me or anyone else?”

“Have the costs of your asthma treatment interfered with your ability to get asthma care?”

“How satisfied are you with your asthma care?”

“How can we improve your asthma care?”

“Let’s review some important information:

- When should you increase your medications? Which medication(s)?”
- When should you call me [your doctor or nurse practitioner]? Do you know the after-hours phone number?”
- If you can’t reach me, what emergency department would you go to?”

*These questions are examples and do not represent a standardized assessment instrument. The validity and reliability of these questions have not been assessed.

FIGURE 3–8. VALIDATED INSTRUMENTS FOR ASSESSMENT AND MONITORING OF ASTHMA

- Asthma Control Questionnaire (Juniper et al. 1999b)
- Asthma Therapy Assessment Questionnaire (Vollmer et al. 1999) (See below.)
- Asthma Control Test (Nathan et al. 2004) (See below.)
- Asthma Control score (Boulet et al. 2002)

ASTHMA THERAPY ASSESSMENT QUESTIONNAIRE® (ATAQ)

1. In the past 4 weeks did you miss any work, school, or normal daily activities because of your asthma? (1 point for YES)
2. In the past 4 weeks, did you wake up at night because of your asthma? (1 point for YES)
3. Do you believe your asthma was well controlled in the past 4 weeks? (1 point for NO)
4. Do you use an inhaler for quick relief from asthma symptoms? If yes, what is the highest number of puffs in 1 day you took of this inhaler? (1 point for more than 12)

Total points = 0–4, with more points indicating more control problems

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ASTHMA CONTROL TEST™

This survey was designed to help you describe your asthma and how your asthma affects how you feel and what you are able to do. To complete it, please mark an X in the one box that best describes your answer.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work or at home?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	2 to 3 nights a week	Once a week	Once or Twice	Not at all
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol, Ventolin®, Proventil®, Maxair®, or Primatene Mist®)?

3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. How would you rate your asthma control during the past 4 weeks?

Not Controlled at all	Poorly Controlled	Somewhat Controlled	Well Controlled	Completely Controlled
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

For information on the interpretation and scoring of the Asthma Control Test™ (ACT™), visit www.qualitymetric.com/act
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CAUTION: The sample questionnaires in figure 3–8 assess only the impairment domain of asthma control and NOT the risk domain. Measure of risk, such as exacerbations, urgent care, hospitalizations, and declines in lung function, are important elements of assessing the level of asthma control.