

Asthma Assessment

Name: _____

Date: _____

		Yes	No	Notes
1.	Can you identify: <ul style="list-style-type: none"> Your early warning signs of asthma What to do when your asthma worsens 			
2.	Can you identify your asthma triggers?			
3.	Ever tested or told by a healthcare provider that you have allergies? <ul style="list-style-type: none"> If yes, list known allergens and allergy medication(s) being taken Based on known allergens, is an air purifier recommended? 			
4.	Do you smoke? <ul style="list-style-type: none"> If yes, was smoking cessation education provided? 			
5.	Is breathing worse at night?			
6.	Is your asthma worse during a specific season or a change in climate?			
7.	Do you limit outdoor activities based on air quality alerts?			
8.	In the past 12 months, have you received asthma services in the home?			
9.	Do you know how to properly take your asthma medications? (i.e., which to take daily, which to take when asthma worsens)			
10.	Do you have/can you locate an up-to-date Asthma Action Plan (AAP)? <ul style="list-style-type: none"> If no AAP, was one provided? If applicable, is a copy of the AAP on file with the school? 			
11.	(NYC only) If applicable, do you have an up-to-date Medication Administration Form on file with the school?			
12.	Do you have a current prescription for quick relief/rescue medication? <ul style="list-style-type: none"> If yes, has the script been filled? If no, why not? If yes, how many of the past 7 days has the rescue medication been used? 			1-7:
13.	Do you have a current prescription for a controller medication? <ul style="list-style-type: none"> If yes, has the script been filled? If no, why not? If yes, how many of the past 7 days has the controller been used? 			1-7:
14.	Do you have a spacer/valved holding chamber for applicable medications? <ul style="list-style-type: none"> If yes, is it used every time? If no, spacer provided? 			
15.	If applicable, # of school/workdays missed due to asthma over the past 3 months for person with asthma	#:		
16.	If applicable, # of school/workdays missed due to asthma over the past 3 months for parent/caregiver	#:		
17.	Number of unscheduled visits in the past 12 months to doctor/urgent care for worsening asthma or an asthma attack	#:		
18.	Number of ED visits in the past 12 months for worsening asthma or an asthma attack	#:		