

Chart-by-Chart Data Collection Form

1. Was asthma control assessed using the Asthma Control Test or another validated instrument?
 - a. Yes
 - b. No
2. Was the stepwise approach used to identify treatment therapy and adjust or maintain therapy based on asthma control?
 - a. Yes
 - b. No
3. Was a current (within 12 months), written asthma action plan provided and reviewed with the patient at the visit?
 - a. Yes
 - b. No
4. Did this patient have a visit diagnosis of persistent asthma?
 - a. Yes
 - b. No, assessed as intermittent asthma
 - c. No, not assessed
5. *(If the patient had a diagnosis of persistent asthma)* Did the patient have a current prescription for a controller medication or was this patient prescribed a controller medication?
 - a. Yes
 - b. No
6. Was level of severity (new diagnosis) or control (previous diagnosis) assessed?
 - a. Yes
 - b. No
7. Were educational materials (separate from the asthma action plan) provided and explained to the patient and family at the visit?
 - a. Yes
 - b. No
8. Was the patient up-to-date on the flu vaccination?
 - a. Yes
 - b. No
9. Did the patient receive hands-on training of proper inhaler and spacer technique?
 - a. Yes
 - b. No