

Today's Date is: _____ / _____ / _____
month day year

104.49

Patient ID _____

Physician ID _____

Clinic/Site ID _____

Form filled out by (check one):

Physician _____ NP/PA _____

Resident _____ Other _____

0.0.0, 104.52, 104.53, 101.6

Physician Questionnaire

ASTHMA FORM 10.2

TO BE COMPLETED BY PHYSICIAN

1. Is this the first time you have seen this patient for asthma? Yes No
100.419

In the past 3 to 6 months...

104.74

- | | Good | Fair | Poor | Cannot Assess |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Control of this patient's asthma has been | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Compliance with medication treatment program by this patient has been | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Compliance with advice regarding changes in environment (exposure to smoke, dust, dander, etc.) has been | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The patient's understanding of asthma and asthma treatment has been | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. For this patient in the past 3 to 6 months... (please check one response)

104.75 - 104.81

- a. Frequency of wheezing has been rare 1-2/month 1-2/week 3-7/week >1 day
- b. Interference with activities of daily living rare 1-2/month 1-2/week 3-7/week >1 day
- c. Interference with usual aerobic activity none weekly 3/week daily unable
- d. Interference with sleep has been... none 1/month 1/week 2/week >2/week
- e. Missed school or work none 1/month <2/month 4/month >4/month
- f. Total used short acting beta-agonist doses
Total number of puffs per day: none 1 to 8 9 to 15 16 or more
- g. Prescribed anti-inflammatories
Total number of puffs per day: none 1 to 8 9 to 15 16 or more

7. Please update the patient's asthma medication/treatment history by checking the appropriate boxes:

Medications/Treatment	Currently taking	Added at this visit	Deleted at this visit
a. Inhaled beta agonist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Oral beta agonist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Inhaled corticosteroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Oral corticosteroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Oral methylxanthine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inhaled anticholinergic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhaled cromolyn/Tilade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Nebulized beta agonist and anticholinergic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Desensitization treatments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Long acting inhaled beta-agonists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Oral Zileuton.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

104.82