

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"/>