

**ASTHMA KNOWLEDGE AND INHALER TECHNIQUE ASSESSMENT AS PART OF ASTHMA  
SELF-MANAGEMENT EDUCATION**

**Location (circle one):**

**Emergency Department**

**Hospital**

**Pulmonology Clinic**

**ECC Resident Clinic**

The questions on this form are regarding a previously established or new diagnosis of asthma in children between 2 and 18 years of age who are seen or evaluated in any of the above locations.

**SECTION A (PATIENT INFORMATION)**

**A1. Patient Name:**

**A2. Patient's date of birth**

**A3. Patient's Zip Code:**

**A4. Patient's Gender:**

**A5. Patient's Insurance Type:**

**A6. Patient's Race:**

- Caucasian
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Hispanic or Latino

**A7. Patient's Pertinent Birth History:**

- Prematurity (<37 weeks' gestation)
- Discharged home on oxygen
- Had lung infections in the first months of life

**A8. Patient's Reason for Current Visit:**

- Wheezing
- Shortness of Breath
- Coughing at Night
- Allergies
- Pneumonia
- Asthma Exacerbation
- Newly-Diagnosed Asthma

<p><b>A9. Has your child ever intubated (placed a breathing tube to breath) because of asthma?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>A.10 BMI Z SCORE</b></p>
<p><b>A11. DATE OF SURVEY</b></p>	<p><b>A12.Has your child ever hospitalized because of asthma?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>A13. Last hospitalization date:</b></p>	<p><b>A14. Last emergency visit date because of asthma:</b></p>

**SECTIONB (GENERAL ASSESSEMENT)**

<p><b>B1. Has your child had a former diagnosis of asthma?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>B2. How long has your child have asthma diagnosis?</b></p> <p><input type="checkbox"/> One year</p> <p><input type="checkbox"/> Less than 5 years</p> <p><input type="checkbox"/> More then 5 years</p> <p><input type="checkbox"/> More than 10 years</p>
<p><b>B3. Have you ever received asthma education before?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>B4. Was your previous asthma education satisfactory?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>B5. Do you feel comfortable with your child's asthma care?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>B6. When does your child take asthma medicines?</b></p> <p><input type="checkbox"/> Only when he/she has breathing problems</p> <p><input type="checkbox"/> Only when he/she does not have any breathing problems</p> <p><input type="checkbox"/> Both</p>

<p><b>B7. Has your doctor ever given you written instructions for what to do about taking medicines?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>B8. In the past year, have you had problems making an appointment for your child's asthma or keeping doctor's appointments?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>B9. Have you ever run out of medicines for your child's asthma and not had any on hand when your child had an asthma attack?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>B10. I often feel helpless in dealing with my child's asthma.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>
<p><b>B11. I have little control over my child's asthma.</b></p> <p><input type="checkbox"/> Strongly agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	<p><b>B12. HOW CAN WE MAKE ASTHMA EDUCATION BETTER?</b></p>

<b>SECTION C (ASTHMA PATHOLOGY AND TRIGGERS )</b>	
<p><b>C1. Asthma is a lung-inflammation – it causes the lining of the airways to swell.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>	
<p><b>C2. Asthma causes the bands of muscle around the airways to narrow; therefore, less air gets through the lung.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>	
<p><b>C3. Asthma is an allergic reaction of the lung.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>	
<p><b>C4. Common colds are the main triggers of an asthma attack?</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>	
<p><b>C5. Cough, wheezing, and shortness of breath are the main symptoms of asthma?</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>	
<p><b>C6. A child having an asthma attack often makes a wheezing sound when trying to breathe.</b></p>	

<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>C7. The breathing tubes become narrow during an asthma attack.</b>
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>C8. During an asthma attack, the chest may feel tight like it is being squeezed.</b>
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>C9. Asthma attacks can be a medical emergency because a child can die from an asthma attack.</b>
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>C10. Asthma is an infection that you can catch from another person.</b>
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>C11. An asthma action plan is a written plan from your medical provider.</b>
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
<b>C12. An asthma action plan identifies what medications to use for your asthma and when.</b>
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree

SECTION D (MEDICATION AND SELF MANAGEMENT )	
<b>D1. Name the medication(s) that your child uses to control his/her asthma.</b> <hr/> <hr/> <hr/>	<b>D2. Name the medicine your child takes during an acute asthma attack.</b> <hr/>
<b>D3. A controller/daily medication helps to prevent an asthma attack.</b>	
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	
<b>D4. A controller/daily medication helps to decrease airway swelling.</b>	
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	
<b>D5. A controller/daily medication helps to decrease twitchiness in the airways.</b>	
<input type="checkbox"/> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Unsure <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree	

<p><b>D6. A controller/daily medication can be stopped on your own when your asthma symptoms are gone.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D7. Children with asthma can become addicted to their asthma medications.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D8. A child should take his controller medication every day even when the symptoms get better.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D9. Removing allergen and irritant exposure can help avoid asthma attacks/exacerbations.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D10. Using your written asthma action plan can help avoid asthma attacks/exacerbations.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D11. Recognizing early signs and symptoms of an exacerbation can help avoid asthma attacks/exacerbations.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D12. Following up with your pediatrician and pulmonologist can help avoid asthma attacks/exacerbations.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D13. Monitoring the response to asthma medications can help avoid asthma attacks/exacerbations.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D14. A five-year-old child has an asthma attack and takes 2 puffs of albuterol (Ventolin/prier). After 5 minutes, there is no improvement in his attack. What are some reasons why this may have happened?</b></p> <p><input type="checkbox"/> The medication has expired</p> <p><input type="checkbox"/> The inhaler is empty</p> <p><input type="checkbox"/> The child did not shake the inhaler well</p> <p><input type="checkbox"/> The child is taking the wrong inhaler</p> <p><input type="checkbox"/> The child is using wrong inhaler technique</p>
<p><b>D15. Children with asthma are allowed to be involved in sports.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>
<p><b>D16. With appropriate treatment, most children with asthma should be able to lead a normal life with no restrictions on activity.</b></p> <p><input type="checkbox"/> Strongly Agree    <input type="checkbox"/> Agree    <input type="checkbox"/> Unsure    <input type="checkbox"/> Disagree    <input type="checkbox"/> Strongly Disagree</p>

## Section E

### INHALATION TECHNIQUE/ SKILL ASSESSMENT.

Parents start first, followed by children >8 years of age. Repeat until techniques are appropriate and perfect.

#### **E1. Parent of a child <8 years:**

- Shake inhaler
- Insert inhaler to spacer with a mask or mouthpiece (in older children)
- Hold correctly in horizontal way
- Activate inhaler for once only
- Inspiration slowly and deeply
- Breath for 5-6 times

#### **E2. Child > 8 years of age:**

- Shake inhaler
- Insert inhaler to spacer with a mask or mouthpiece (in older children)
- Hold correctly in horizontal way
- Exhale as hard as possible
- Activate inhaler for once only
- Take a slow and deep breath
- Breath for 5-6 times
- Wait for one minute for the next puff

#### **E3. Older child who can hold his/her breath:**

- Shake inhaler
- Insert inhaler to spacer with a mouthpiece
- Hold correctly in horizontal way
- Exhale as hard as possible
- Activate inhaler for once only
- Take a slow and deep breath
- Hold your breath for 10 seconds
- Wait for one minute for the next puff