



IMPLEMENT CA Asthma Collaborative Data Collection Survey

Resize font:  | 

Practice name	<input type="text"/>
Reviewer initials	<input type="text"/>
Month of patient visit	<input type="text"/>
Chart abstraction #	<input type="text"/>
Age of child in years	<input type="text"/>
Gender of patient	<input type="radio"/> Female <input type="radio"/> Male reset
Medicaid	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know reset

[Next Page >>](#)

Visit type (Please select one)

- Well Child Check
- Planned Asthma Visit
- Respiratory/Sick Visit
- Asthma ED Follow-up
- Other Follow-up

reset

If patient is not already on controller medication, was asthma severity (intermittent, mild persistent, etc.) documented?

- No
- Yes
- N/A, patient on controller medication

reset

What severity was documented?

- Intermittent
- Persistent Mild
- Persistent Moderate
- Persistent Severe

reset

Was a controller medication prescribed?

- No
- Yes

reset

Which medication was prescribed?

- ICS
- ICS + LABA*
- Leukotriene modifier
- Other

If Other, please specify:

Was Asthma Action Plan reviewed and/or updated within past 12 months?

- Yes
- No

reset

Were there any asthma related visits to the emergency room in the last 12 months? *

- Yes
- No
- Don't know

reset

***For this question, please mark "No" if there is clear documentation of this being assessed OR if you are able to review records from the local ED where the patient is most likely to go, you do not see any ED visits for asthma. Please mark "Don't know" if you do not have access to any ED records, either outside or within your system, AND you do not see any documentation in the medical record assessing for ED visits in the last year.**

<< Previous Page

Next Page >>

PICK 2 of 4 for monthly data collection:

Has child had at least one other planned asthma visit within the past 6 months?

- Yes
 No

reset

Was tobacco use/exposure assessed?

- Yes
 No

reset

Was tobacco screen positive?

- Yes
 No

reset

What steps were taken in response to the positive tobacco screen?

- Refer
 Counsel
 No Intervention

reset

Was child and/or caregiver instructed on device use?

- Yes
 No

reset

Was child and/or caregiver educated about their asthma?

- Yes
 No

reset

[<< Previous Page](#)

[Submit](#)