

ASTHMA PATIENT FOLLOW-UP TOOL *Assess patient's asthma control and device technique.*

ACT™ Test Score _____ **Severity level at diagnosis:** Intermittent Mild Persistent Moderate Persistent Severe Persistent

HIGHEST LEVEL OF CHECKED BOX = CONTROL LEVEL / FOLLOW CONTROL LEVEL DOWN TO FIND TREATMENT STEP → SEE TREATMENT STEPWISE APPROACH

	WELL CONTROLLED	NOT WELL CONTROLLED	VERY POORLY CONTROLLED
IMPAIRMENT	<p>SYMPTOMS:</p> <input type="checkbox"/> 2 day/week or less, not more than once per day	<p>SYMPTOMS:</p> <input type="checkbox"/> More than 2 days/week or multiple times on 2 days/week or less	<p>SYMPTOMS:</p> <input type="checkbox"/> Throughout the day
	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> No more than once/month	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> Ages 0-4: More than once/month <input type="checkbox"/> Ages 5-11: 2 times/month or more <input type="checkbox"/> Age 12 & over: 1-3 times/week	<p>NIGHTTIME AWAKENINGS:</p> <input type="checkbox"/> Ages 0-4: More than once/week <input type="checkbox"/> Ages 5-11: 2 times/week or more <input type="checkbox"/> Age 12 & over: 4 times/week or more
	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> None	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> Some limitation	<p>INTERFERENCE W/NORMAL ACTIVITY:</p> <input type="checkbox"/> Extremely limited
	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> 2 days/week or less	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> More than 2 days/week	<p>SHORT-ACTING B₂-AGONIST USE:</p> <input type="checkbox"/> Several times/day
	<p>FEV₁ OR PEAK FLOW:</p> <input type="checkbox"/> Age 5 & over: More than 80% predicted/personal best	<p>FEV₁ OR PEAK FLOW:</p> <input type="checkbox"/> Age 5 & over: 60-80% pred./personal best	<p>FEV₁ OR PEAK FLOW:</p> <input type="checkbox"/> Age 5 & over: Less than 60% pred./personal best
	<p>FEV₁/FVC:</p> <input type="checkbox"/> Age 5 & over: more than 80%	<p>FEV₁/FVC:</p> <input type="checkbox"/> Age 5 & over: 75-80%	<p>FEV₁/FVC:</p> <input type="checkbox"/> Age 5 & over: less than 75%
	<p>ACT SCORE:</p> <input type="checkbox"/> 20 or more	<p>ACT SCORE:</p> <input type="checkbox"/> 16-19	<p>ACT SCORE:</p> <input type="checkbox"/> 15 or less
RISK	<p>EXACERBATIONS REQUIRING ORAL STEROIDS</p> <input type="checkbox"/> All ages: 0-1/year	<p>EXACERBATIONS REQUIRING ORAL STEROIDS</p> <input type="checkbox"/> Age 0-4: 2-3/year <input type="checkbox"/> Age 5 & over: 2/year or more; consider severity	<p>EXACERBATIONS REQUIRING ORAL STEROIDS</p> <input type="checkbox"/> Age 0-4: More than 3/year <input type="checkbox"/> Age 5 & over: 2/year or more; consider severity
TREATMENT STEP	<input type="checkbox"/> Maintain current step	<input checked="" type="checkbox"/> Check adherence & environmental control <input type="checkbox"/> Step up 1 step and assess response in 2-6 weeks	<input checked="" type="checkbox"/> Check adherence & environmental control <input type="checkbox"/> Consider short course of oral corticosteroids <input type="checkbox"/> Consider co-morbid conditions <input type="checkbox"/> Step up 1-2 steps and assess response in 2 weeks
	<input type="checkbox"/> Consider step down if well controlled for at least 3 months	<input type="checkbox"/> For side effects, consider alternative treatment options	
	<input type="checkbox"/> Rescue medication for all ages, all severity/control levels: Short-acting B ₂ -agonist PRN. Treatment intensity depends on symptom severity. <input type="checkbox"/> Provide written Asthma Action Plan; review/update <input type="checkbox"/> Spirometry annually for age 5 & over <input type="checkbox"/> Flu vaccine recommended annually, pneumooccal vaccine for adults <input type="checkbox"/> Consider referral to a specialist if not well controlled within 3-6 months using stepwise approach OR 2 or more ED visits or hospitalizations for asthma in a year.		