

## EQIPP: Asthma (Generalist)

Patient name: \_\_\_\_\_ Age of patient: \_\_ years \_\_ months

Purpose of visit: ☐ Well visit ☐ Asthma visit ☐ Other sick visit

**Directions:** Use this data collection tool for the next 10 to 20 patients seen in your office for treatment of asthma.

**Note:** EQIPP does not record any patient identifying information. You may enter it here on the printed copy of the data collection tool for your own record-keeping purposes, for example, to attach to the patient chart.

Data Collection Questions		Answer Options			
1	Were one or more asthma <a href="#">key indicators</a> present when considering the diagnosis of asthma?	Yes	No		
2	Were lung function measures by spirometry used to establish the asthma diagnosis?	Yes	No	NA, Age Inappropriate, younger than 5 years	
3	Was a <a href="#">validated instrument</a> used to determine the current level of asthma control?	Yes	No		
4	What is the current level of control documented in the patient's chart? (Click to review the National Heart, Lung, and Blood Institute [NHLBI] Expert Panel Report 3 [EPR-3] <a href="#">control tables</a> .)	Well Controlled	Not Well Controlled	Very Poorly Controlled	Not Documented
	<b>4a. If "not well controlled" or "very poorly controlled":</b> Does the chart identify reason(s) for lack of control? (Examples: exposure to allergens, tobacco smoke, indoor or outdoor pollutants and irritants, nonadherence to medication regimen)	Yes	No		
5	Is spirometry currently scheduled to be tested, or have results been obtained within the last 1 or 2 years?	Yes	No	NA, Age Inappropriate, younger than 5 years	
6	Was the age-appropriate NHLBI EPR-3 <a href="#">stepwise table</a> used to identify treatment options or to adjust therapy based on asthma control?	Yes	No		
7	Has a flu shot been administered or a recommendation made within the past 12 months?	Yes	No	NA, Patient younger than 6 mos, other contraindications, or vaccine unavailable	
8	Does the patient have a written asthma action plan?	Yes	No		
	<b>8a.</b> Was the plan updated as needed and reviewed with the patient and/or family at this visit?	Yes	No		
9	Were asthma self-management education and materials (other than or in addition to the asthma action plan) provided and explained to the patient and family at any visit? (Examples include correct medication techniques, avoiding environmental triggers, and getting help to quit smoking. See <a href="#">Figure 3-13</a> , Delivery of Asthma Education by Clinicians During Patient Care Visits for more information.)	Yes	No		
10	Was a follow-up appointment recommended to monitor asthma control?	Yes	No		

### Appendix

Asthma [key indicators](#):

- † History of recurrent wheezing episodes that respond to treatment
  - † History of any of the following:
    - cough, worse particularly at night
    - recurrent difficulty in breathing
    - recurrent chest tightness
  - † Direct observation in the clinic of acute wheezing that responds to bronchodilators
  - † Recurrent respiratory symptoms in a child at high risk for development of asthma (eg, positive asthma predictive index)
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Example [validated instruments](#) used to determine the level of asthma control:

- † Asthma Therapy Assessment Questionnaire (ATAQ)
  - † Asthma Control Questionnaire (ACQ)
  - † Asthma Control Test (ACT)
  - † Childhood Asthma Control Test (Childhood ACT)
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#### Assessing Asthma Control

- [Figure 3-5a](#), Assessing Asthma Control in Children 0–4 Years of Age
- [Figure 3-5b](#), Assessing Asthma Control in Children 5–11 Years of Age
- [Figure 3-5c](#), Assessing Asthma Control in Youths  $\geq 12$  Years of Age and Adults

#### Classifying Asthma Severity to Initiate Treatment

- [Figure 4-2a](#), Classifying Asthma Severity and Initiating Therapy in Children 0–4 Years of Age
- [Figure 4-2b](#), Classifying Asthma Severity and Initiating Therapy in Children 5–11 Years of Age
- [Figure 4-6](#), Classifying Asthma Severity and Initiating Therapy for Youths  $\geq 12$  Years of Age and Adults

#### Assessing Asthma Control to Maintain or Adjust Therapy

- [Figure 4-3a](#), Assessing Asthma Control and Adjusting Therapy in Children 0–4 Years of Age
  - [Figure 4-3b](#), Assessing Asthma Control and Adjusting Therapy in Children 5–11 Years of Age
  - [Figure 4-7](#), Assessing Asthma Control and Adjusting Therapy for Youths  $\geq 12$  Years of Age and Adults
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