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| **C**ommunity **H**ealthcare for **A**sthma **M**anagement and **P**revention of **S**ymptoms | |
| Asthma Counselor Checklist | |
| **Patient Name:** | **Date:** |

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| This form is used to document each Asthma Counselor’s interaction with a patient, and will provide an ongoing record of progress made during counseling sessions. Do not ask these questions of the patient; answer them based on your own assessments. This form should be completed at the end of the counseling session. | |
| Section 1: Participant Overview | |
| **1. Location of the session**  □ Clinic  □ Patient’s home  □ Neutral location: Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Telephone | **2. Participants present for the session**  □ Caretaker  □ Patient  □ Both |
| **3. Is the patient having any problems taking his/her asthma medications?**  □ Yes  □ No  □ Not applicable | |
| **4. What problems does the child face in taking his/her medications 100% of the time?**  Complicated family lifestyle □ Yes □ No  Concern about medication side effects □ Yes □ No  Problems with using controller medication device □ Yes □ No  Child questions need for medication because he/she feels well □ Yes □ No  Child resistant to taking medication due to peer pressure □ Yes □ No  Medication is not working □ Yes □ No  Remembering to take medications □ Yes □ No  Obtaining medications □ Yes □ No  Affording medications □ Yes □ No  Other □ Yes □ No  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

| Section 2: Counseling Intervention Activities | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Intervention Modules | | Status | | | | |
|  | N/A\* | Not started | | Partially completed | Completed; needs follow-up | Completed |
| **1. Asthma and Asthma Medications** |  | □ | | □ | □ | □ |
| **2. Creating the Safe Sleeping Zone** |  | □ | | □ | □ | □ |
| **3. Conquering Cockroaches** | □ | □ | | □ | □ | □ |
| **4. Ridding the Home of Rodents** | □ | □ | | □ | □ | □ |
| **5. Dealing with Furry Friends** | □ | □ | | □ | □ | □ |
| **6. Mold-Proofing Your Home** | □ | □ | | □ | □ | □ |
| **7. Reducing Exposure to Tobacco Smoke** |  | □ | | □ | □ | □ |
| **8. Avoiding Other Asthma Triggers** | □ | □ | | □ | □ | □ |
| **9. Rate YOUR opinion on the caretaker’s understanding of the educational materials related to the modules**  □ Poor  □ Average  □ Good  □ N/A | | | **Rate YOUR opinion on the following:** | | | |
| **10. How likely is it that the caretaker will succeed with the modules**  Very Unlikely Very Likely  1 2 3 4 5 | | | |
| **11. How likely is it that another visit will help the caretaker succeed in the modules**  Very Unlikely Very Likely  1 2 3 4 5 | | | |
| **Rate the caretaker’s understanding and confidence:** | | | | | | |
| **12. Understanding of the need for environmental intervention**  Poor/Low Adequate High  1 2 3 4 5 | | | **13. Understanding of what to do**  Poor/Low Adequate High  1 2 3 4 5 | | | |
| **14. Understanding the child’s allergic sensitivity**  Poor/Low Adequate High  1 2 3 4 5 | | | **15. Confidence that (s)he will succeed**  Poor/Low Adequate High  1 2 3 4 5 | | | |
| **Rate the number and severity of the problems and barriers that the caretaker sees in implementing the intervention** | | | | | | |
| **16. Number of problems and barriers**  None Few Some Many  □ □ □ □ | | | **17. Severity of problems and barriers**  Manageable Hard Impossible  □ □ □ | | | |

\*N/A – Patient-tailored modules (3, 4, 5, 6, & 8) will not apply if the patient is not sensitive and exposed to the allergens/irritants in question. Un-tailored modules (1, 2, & 7) should be completed with every patient.

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| **18. Rate the caretaker’s interest in working with you**  □ High interest, eager  □ Adequate, willing  □ Resistant, hostile  □ Passive, depressed, overwhelmed  □ Other  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **19. Comments and notes**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |