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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 □ NoConcern about medication side effects □ Yes □ NoProblems with using controller medication device □ Yes □ NoChild questions need for medication because he/she feels well □ Yes □ NoChild resistant to taking medication due to peer pressure □ Yes □ NoMedication is not working □ Yes □ NoRemembering to take medications □ Yes □ NoObtaining medications □ Yes □ NoAffording medications □ Yes □ NoOther □ Yes □ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| Section 2: Counseling Intervention Activities |
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| 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 Likely1 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□ OtherSpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **19. Comments and notes**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |