Community **H**ealthcare for **A**sthma **M**anagement and **P**revention of **S**ymptoms

ASTHMA COUNSELOR CHECKLIST

Patient Name:	**Date:**

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 1 2 3 4 5 Very Likely

11. How likely is it that another visit will help the caretaker succeed in the modules

Very Unlikely 1 2 3 4 5 Very Likely

Rate the caretaker's understanding and confidence:

12. Understanding of the need for environmental intervention

Poor/Low 1 2 Adequate 3 4 High 5

13. Understanding of what to do

Poor/Low 1 2 Adequate 3 4 High 5

14. Understanding the child's allergic sensitivity

Poor/Low 1 2 Adequate 3 4 High 5

15. Confidence that (s)he will succeed

Poor/Low 1 2 Adequate 3 4 High 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.

18. Rate the caretaker's interest in working with you	**19. Comments and notes**
☐ High interest, eager ☐ Adequate, willing ☐ Resistant, hostile ☐ Passive, depressed, overwhelmed ☐ Other Specify: _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____