

ASTHMA CONTROL SUMMARY

FOR AGENCY USE ONLY		
Client ID No.	Case ID No.	
Outcome Measure	When to Collect Data	
	Baseline (First visit)	3-Month Follow-up
Date of collection (mm/dd/yy)		
ACT: Asthma Control Test (5+ years) – TOTAL Score		
TRACK: Test for Respiratory and Asthma Control in Kids (2-4 years) – TOTAL Score		
Number of emergency department (ED) visits due to asthma (Baseline: past 12 months; 3-Month: past 3 months)		
Number of hospital visits due to asthma (Baseline: past 12 months; 3-Month: past 3 months)		
Number of unscheduled physician's office or urgent care visits for worsening asthma symptoms in past 3 months		
Number of days absent from school/work due to asthma (Baseline: past 12 months; 3-Month: past 3 months)		
Has a written asthma action plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received a flu vaccine in past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a primary care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the client has no primary care provider, was the client referred to a primary care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No