

Road to Wellness P.O. Box 13447 Macon, GA 31208-3447 478-314-2427 or 1-800-648-7563 option 5 Email: <u>wellness@shpg.com</u> Fax: 478-314-2417

Asthma Assessment

It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to <u>wellness@shpg.com</u>.

NA	ME:DATE:
CURRENT PHONE NUMBER:	
1.	How many times do you have chest tightness, cough, shortness of breath or wheezing? None 2 or less times a week, more than 2 times a week, but less than 1 time a day, daily, more than 1 time a day
2.	Have you ever had allergy testing? 🗌 yes, 🗌 no
3.	How often does your doctor check your lung function by spirometry testing? at least every other year, only when I was diagnosed, never Date of last spirometry test Results Normal Abnormal
4. • •	Have you been classified by your physician into one of the following groups? Yes NO Intermittent Mild Persistent Moderate Persistent Severe Persistent If yes, which group?
5.	What is your normal lung function as indicated by testing done by your doctor? Normal Abnormal 80% or more of predicted function 60-80% of predicted function less than 60% of predicted function Don't know Date of last test?
6.	Do you check peak flow readings at home? 🗌 yes, 🗌 no, 🗌 don't have a meter
7.	How often do you use your quick-relief inhaler? 2 times a month or less, more than 2 times a month, daily don't have one
8.	Do you have a written action plan to include the following components?Daily management descriptionYesNOHow to treat exacerbationsYesNOWhen to seek emergency careYesNOMedication planYesNO
9.	Have you had any changes in your asthma medications? If so please list changes
10.	Have you achieved your current Asthma goal? 🗌 Yes 📃 No
11.	What goal would you like to achieve for your asthma before our next contact?

Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!