12. Below are strategies that could be used to help patients control their asthma. Please specify whether you use each strategy, and next, *specify* ***the one most important barrier (if any)*** *that you face to using each strategy.*

	Do you use this strategy?		No barrier	Poor patient adherence	Low patient health literacy	Not effective	Lack of staff/ equipment	Lack of training	Lack of time	Lack of payment
	Mark (X) **one**		*Mark (X)* **one** *box for each row.*							
(a) Written asthma action plans	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(b) A control assessment tool (e.g., ACT)	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(c) Home peak flow monitors	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(d) In-office spirometry	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(e) Educating patients to recognize symptoms	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(f) Educating patients to avoid risk factors	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(g) Involve patients in treatment decision-making	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(h) Observe inhaler use by patients	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(i) Advise patients to change their home environment	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(j) Advise employed patients to seek changes in the work environment	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐
(k) Schedule routine follow-up visits to assess asthma control	1☐ Yes	2☐ No	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐

13. How often do you encounter these patient concerns or misunderstandings about asthma therapies?

	Never (0%)	Sometimes (1–24%)	Often (25–74%)	Almost always (75–100%)
	Mark (X) one box in each row.			
(a) Misunderstanding of medication risks or side effects, or belief in myths (e.g., muscle development, addiction)	1☐	2☐	3☐	4☐
(b) Concern about short-term side effects from inhaled corticosteroids (e.g., thrush)	1☐	2☐	3☐	4☐
(c) Concern about long-term side effects of inhaled corticosteriods (e.g., delayed growth in children)	1☐	2☐	3☐	4☐
(d) Confusion between symptom relief medications and daily control medications	1☐	2☐	3☐	4☐

14. Please indicate your role?

1☐ The physicians to whom it was addressed
2☐ Other physician
3☐ Other clinical role (e.g., PA, NP, RN)

CLOSING STATEMENT

Thank you for completing this special survey. We appreciate your time and cooperation.

OMB No. 0920-0234 Exp. Date 2/28/2013

FORM **NAMCS-91**
(5-2-2011)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

PRETEST

NATIONAL AMBULATORY MEDICAL CARE SURVEY
2012 ASTHMA SUPPLEMENT

BACKGROUND INFORMATION

A. Provider's serial number

C. Census contact name

B. Provider's specialty *(Mark (X) only ONE.)*

1☐ General/Family Practice
2☐ Internal Medicine
3☐ Pediatrics
4☐ CHC Mid–level Provider
5☐ Other–*Specify* _____

D. Census contact telephone — Area code | Number

INTRODUCTION The National Institutes of Health, Centers for Disease Control and Prevention, and the US Environmental Protection Agency are conducting a special survey on asthma care provided in community health centers and private office settings. We are interested in the clinical decisions you make about asthma. For all the following questions, please answer only for patients you personally see. Do not include patients seen by or clinical decisions made by other practitioners at your site.

1. Which of the following patient age groups do you see?
Mark (X) all that apply.

1☐ 0–11 years
2☐ 12–17 years
3☐ 18–24 years
4☐ 25–64 years
5☐ 65 years and above

2. Which type of system, if any, do you use to track and manage your patients with asthma (e.g., schedule regular follow-up visits)?

1☐ Electronic medical record-based system
2☐ An electronic system separate from medical records
3☐ Paper reminder/recall system
4☐ Other type of system
5☐ No system
6☐ Don't know

3. How frequently do you use an asthma-specific structured encounter form (i.e., an asthma template or an asthma visit checklist) when asthma is the primary reason for the visit?

1☐ No form available
2☐ Never (0%)
3☐ Sometimes (1–24%)
4☐ Often (25–74%)
5☐ Almost always (75–100%)

4. During your last normal week of practice, approximately how many visits did you have with patients who have asthma **regardless of the reason for the visit?**

_____ Number of visits

5. For each of the following statements, please indicate whether you agree or disagree:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	Mark (X) one box in each row.				
a. Spirometry is an essential component of a clinical evaluation for an asthma diagnosis	1☐	2☐	3☐	4☐	5☐
b. Inhaled corticosteroids are the most effective medications to control persistent asthma	1☐	2☐	3☐	4☐	5☐
c. Asthma action plans are an effective tool to guide patient self-management efforts	1☐	2☐	3☐	4☐	5☐
d. Patients with persistent asthma should have follow-up visits at least every 6 months to assess control	1☐	2☐	3☐	4☐	5☐
e. Assessing asthma severity is necessary to determine initial therapy	1☐	2☐	3☐	4☐	5☐

6. Please rate your confidence in using the following actions

	Very confident	Somewhat confident	Not all confident	N/A (do not perform)
	Mark (X) one box in each row.			
a. Using spirometry data as a component of a clinical evaluation for an asthma diagnosis	1☐	2☐	3☐	4☐
b. Assessing underlying asthma severity using standard criteria	1☐	2☐	3☐	4☐
c. Prescribing the appropriate dose of inhaled corticosteroids	1☐	2☐	3☐	4☐
d. Evaluating the need to step up controller therapy	1☐	2☐	3☐	4☐
e. Evaluating when to step down controller therapy	1☐	2☐	3☐	4☐

7. For what percent of asthma visits do you document overall asthma control?

1☐ 0% (Never)
2☐ 1–24% (Sometimes)
3☐ 25–74% (Often)
4☐ 75–100% (Almost always)

8. For what percent of asthma visits do you ask about the following items or perform the following tests to assess current asthma control?

	0% (Never)	1–24% (Sometimes)	25–74% (Often)	75%–100% (Almost always)
	Mark (X) one box in each row.			
a. Ability to engage in normal daily activities	1☐	2☐	3☐	4☐
b. Frequency of daytime symptoms	1☐	2☐	3☐	4☐
c. Frequency of nighttime awakening	1☐	2☐	3☐	4☐
d. Patient perception of symptom control	1☐	2☐	3☐	4☐
e. Control assessment tool (e.,g Asthma Control Test)	1☐	2☐	3☐	4☐
f. Frequency of rescue inhaler use (e.g., Albuterol)	1☐	2☐	3☐	4☐
g. Frequency of exacerbations requiring oral steroids	1☐	2☐	3☐	4☐
h. Frequency of patient report of emergency department or urgent visit for asthma	1☐	2☐	3☐	4☐
i. Peak flow results from home	1☐	2☐	3☐	4☐
j. Spirometry	1☐	2☐	3☐	4☐

9. For what percent of asthma visits do you use each of the following strategies to help patients control and manage their asthma?

	0% (Never)	1–24% (Sometimes)	25–74% (Often)	75–100% (Almost always)	N/A
	Mark (X) one box in each row.				
a. Provide a new or review an existing written asthma action plan outlining medications, triggers, and when to seek emergency care?	1☐	2☐	3☐	4☐	5☐
b. Assessment by history of triggers at home (e.g., pets, mold, tobacco smoke)	1☐	2☐	3☐	4☐	5☐
c. Assessment by history of triggers at school (e.g., mold, dust, exhaust) *Skip to 9d if you do not see children*	1☐	2☐	3☐	4☐	5☐
d. Ask adult patients about their occupation and place of employment *Skip to 9f if you do not see adults*	1☐	2☐	3☐	4☐	5☐
e. Assessment by history of triggers at the workplace (e.g., dust, fumes, chemicals) *Skip to 9f if you do not see adults*	1☐	2☐	3☐	4☐	5☐
f. Testing for allergic sensitivity via skin or allergen-specific IgE (e.g., RAST) testing	1☐	2☐	3☐	4☐	5☐
g. Assessment of daily use of controller medication (e.g., inhaled corticosteroids) for patients with persistent asthma	1☐	2☐	3☐	4☐	5☐
h. Repeated assessment of inhaler technique	1☐	2☐	3☐	4☐	5☐
i. Referral to a specialist *Skip to 10 if you are an asthma/allergy specialist*	1☐	2☐	3☐	4☐	5☐

10. Under which circumstances do you make the following recommendations about environmental exposures?

	For most asthma patients	Only for patients with sensitivity to this trigger	Rarely or never recommend
	Mark (X) one box in each row.		
a. Using dust mite control measures (e.g., mattress covers)	1☐	2☐	3☐
b. Controlling household mold and pests (e.g., cockroaches)	1☐	2☐	3☐
c. Removing pets from the home	1☐	2☐	3☐
d. Avoiding pollen (e.g., limit outdoor time, close windows)	1☐	2☐	3☐
e. Avoiding air pollution (e.g., ozone warnings)	1☐	2☐	3☐
f. Making changes to cooking appliances (e.g., exhaust vents)	1☐	2☐	3☐
g. Avoiding second-hand tobacco smoke	1☐	2☐	3☐

11. How do you use the following medications?

	Symptom relief/acute exacerbation	Daily long term control therapy	Add on daily control therapy	For difficult to control asthma	Do not use
	Mark (X) ALL that apply on each row.				
a. Short acting beta agonists (e.g., Albuterol)	1☐	2☐	3☐	4☐	5☐
b. Inhaled corticosteroids (ICS)	1☐	2☐	3☐	4☐	5☐
c. Long acting beta agonists (LABA) (e.g., Serevent/salmeterol, Foradil/formoterol)	1☐	2☐	3☐	4☐	5☐
d. Combination medication that includes both LABA and ICS (e.g., Advair)	1☐	2☐	3☐	4☐	5☐
e. Leukotriene modifiers (e.g., Singulair/montelukast)	1☐	2☐	3☐	4☐	5☐
f. Anticholinergics (e.g., ipatropium, tiotropium)	1☐	2☐	3☐	4☐	5☐
g. Methylxanthines (e.g., theophylline)	1☐	2☐	3☐	4☐	5☐
h. Omalizumab/Xolair	1☐	2☐	3☐	4☐	5☐
i. Short course of oral/injectable corticosteroids	1☐	2☐	3☐	4☐	5☐
j. Long course of oral corticosteroids (>10 days)	1☐	2☐	3☐	4☐	5☐