



ADVANCED PEDIATRIC ASSOCIATES  
Hand in Hand for Healthy Kids

**ASTHMA FOLLOW-UP VISIT INFORMATION**

Dear Parent:

Advanced Pediatrics is committed to providing the most advanced care available for children with asthma. Our goals are to help your child maintain normal lung function and activity levels as well as prevent chronic symptoms and reduce acute attacks. In order to accomplish these goals, it is important that we see your child for asthma follow-ups on a regular basis.

In preparation for your appointment, we ask that you complete two forms and bring them to the visit: 1) the Asthma Registry form and (2) the Asthma Control Test (ACT). In addition we ask that you bring all your medications to your appointment as it is important to verify the name and dosage of all medications. Additionally, as part of the visit we will normally have your child do a ***spirometry test*** (see spirometry handout for more information) and need to have your child's ***rescue inhaler and spacer device*** (most often albuterol) at the visit.

If you have any questions, please feel free to call our Patient Care line at 303- 699-6200 and choose to speak to one of our nurses.

Sincerely,

APA Providers

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Appointments: 303-699-6200  
Medication Refills: 720- 870-0244

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

# Childhood Asthma Control Test for children 4 to 11 years old. Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

## How to take the Childhood Asthma Control Test

**Step 1** Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.

**Step 2** Write the number of each answer in the score box provided.

**Step 3** Add up each score box for the total.

**Step 4** Take the test to the doctor to talk about your child's total score.

**19**  
or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to the doctor to talk about the results.

## Have your child complete these questions.





1. How is your asthma today?

|   |  |   |  |                               |
|---|--|---|--|-------------------------------|
| <br><b>0</b><br>Very bad | <br><b>1</b><br>Bad | <br><b>2</b><br>Good | <br><b>3</b><br>Very good | SCORE<br><input type="text"/> |
|---|--|---|--|-------------------------------|





2. How much of a problem is your asthma when you run, exercise or play sports?

|  |  |   |  |                      |
|--|--|---|--|----------------------|
| <br><b>0</b><br>It's a big problem, I can't do what I want to do. | <br><b>1</b><br>It's a problem and I don't like it. | <br><b>2</b><br>It's a little problem but it's okay. | <br><b>3</b><br>It's not a problem. | <input type="text"/> |
|--|--|---|--|----------------------|

3. Do you cough because of your asthma?

|  |   |   |  |                      |
|--|---|---|--|----------------------|
| <br><b>0</b><br>Yes, all of the time. | <br><b>1</b><br>Yes, most of the time. | <br><b>2</b><br>Yes, some of the time. | <br><b>3</b><br>No, none of the time. | <input type="text"/> |
|--|---|---|--|----------------------|

4. Do you wake up during the night because of your asthma?

|  |   |   |  |                      |
|--|---|---|--|----------------------|
| <br><b>0</b><br>Yes, all of the time. | <br><b>1</b><br>Yes, most of the time. | <br><b>2</b><br>Yes, some of the time. | <br><b>3</b><br>No, none of the time. | <input type="text"/> |
|--|---|---|--|----------------------|

## Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

|                        |                      |                       |                        |                        |                      |                      |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|
| <b>5</b><br>Not at all | <b>4</b><br>1-3 days | <b>3</b><br>4-10 days | <b>2</b><br>11-18 days | <b>1</b><br>19-24 days | <b>0</b><br>Everyday | <input type="text"/> |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

|                        |                      |                       |                        |                        |                      |                      |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|
| <b>5</b><br>Not at all | <b>4</b><br>1-3 days | <b>3</b><br>4-10 days | <b>2</b><br>11-18 days | <b>1</b><br>19-24 days | <b>0</b><br>Everyday | <input type="text"/> |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

|                        |                      |                       |                        |                        |                      |                      |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|
| <b>5</b><br>Not at all | <b>4</b><br>1-3 days | <b>3</b><br>4-10 days | <b>2</b><br>11-18 days | <b>1</b><br>19-24 days | <b>0</b><br>Everyday | <input type="text"/> |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|

TOTAL



## ASTHMA DATA COLLECTION FORM

|                       |  |
|-----------------------|--|
| <b>Patient Name:</b>  | <b>Provider Name:</b>                  |
| <b>Date of Birth:</b> | Other Patient Identifier (office use): |
| <b>Date of Visit:</b> | <b>Insurance Company:</b>              |

### Parents – Please complete the following section:

|   |                      |
|---|----------------------|
| 1. Has your child visited the Emergency Room or Urgent Care due to <b>asthma</b> in the last 6 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                |                      |
| 2. Has your child been admitted to the hospital due to <b>asthma</b> in the last 6 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                            |                      |
| 3. How many days of work have you and/or your spouse missed due to your child's <b>asthma</b> in the last 6 months?   | <input type="text"/> |
| 4. How many days of school has your child missed due to <b>asthma</b> in the last 6 months?   | <input type="text"/> |
| 5. Does your child have recurrent nose and/or eye symptoms (running nose, nose rubbing, sneezing) in the spring or fall? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |
| <b>Please Take the Asthma Control Test <sup>TM</sup></b>  |                      |
| Total Score <input type="text"/>  |                      |

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**Please DO NOT complete anything beyond this point. The opposite side of the page is for OFFICE USE ONLY.**



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# SPIROMETRY

Spirometry is a quick, painless test in which a handheld device called a spirometer measures how much air a person's lungs can hold (air volume) and the speed of inhalations and exhalations during breathing (flow rate). The spirometer has two pieces: a mouthpiece and a tube that connects to a machine which records and displays the results.

Spirometry tells how well the lungs are working. It's used to help diagnose and monitor diseases that affect the lungs and make breathing difficult, such as asthma and cystic fibrosis. It can also be used to find the cause of shortness of breath, coughing, or wheezing; monitor treatment of respiratory problems, or evaluate lung functioning before surgery.

Before the test, your child should avoid cold medicines, caffeine, carbonated beverages, and exposure to tobacco smoke. Your child also should avoid eating a big meal before the test. If your child is taking any medications, the provider might have your child stop taking them for a certain amount of time before the test. It may also help to have your child practice for the test, such as by pretending to blow out birthday candles or blowing air at a pinwheel. On the day of the test, make sure that your child doesn't wear tight clothing that could interfere with the ability to breathe in and out deeply.

Cooperation is essential for accurate results. Your child will be standing and will wear soft nose clips to prevent air from escaping. Typically, your child will be asked to take a very deep breath, place the device in his or her mouth with the lips sealed securely around the mouthpiece, and then exhale as fast and hard as possible for as long as possible. The test may be repeated several times to confirm the accuracy of the results and is often performed before and after an inhaled asthma medication called a bronchodilator is administered. This can help determine whether a lung problem can be treated with specific medications. Spirometry usually takes 5-30 minutes, depending on the number of times the test must be done. The test should be completely painless though occasionally some children may experience temporary shortness of breath or lightheadedness. This test shouldn't be performed on kids who have chest pain, a recent history of eye or abdominal surgery, or serious heart disease.

Your provider will review the results and explain what they mean. The results are expressed as percentages and are generally considered abnormal if they're less than 80% of the normal value based on your child's age, gender, height, and weight. If you have questions or concerns about spirometry, be sure to ask us.

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