Client ID# _____
Date of visit _____
Age of child at visit _____

Asthma Health & Environmental Assessment

Respiration

Asthma Signs & Symptoms: ☐ Cough ☐ Shortness of breath ☐ Wheezing ☐ Chest tightness ☐ Other	Severity, if known: ☐ Mild ☐ Moderate ☐ Severe ☐ Unknown
Asthma Triggers: ☐ Allergies ☐ Emotions ☐ Exercise ☐ Irritants ☐ Tobacco smoke ☐ Viral infections ☐ Weather changes ☐ Other	Functional Asthma Action Plan: ☐ Asthma Action Plan available, but not understood ☐ Asthma Action Plan available, but does not match medications in the home ☐ Asthma Action Plan available, current, and understood ☐ Asthma Action Plan not appropriate ☐ No Asthma Action Plan

Health Care

Number of emergency room visits in the **last 3 months**: ☐ None ☐ One visit ☐ Two visits ☐ Three or more visits	Number of hospitalizations in the **last 3 months**: ☐ None ☐ One visit ☐ Two visits ☐ Three or more visits
Have you or your child had allergy testing? ☐ Yes ☐ No	Allergies, if applicable:
Medical Care: ☐ WNL ☐ Except ☐ Not WNL General Physician/Specialist:	Insurance: ☐ MA ☐ PMAP ☐ Private ☐ None

Medications

Medications:
- ☐ Rescue
- ☐ Controller
- ☐ Antihistamines
- ☐ Other

Proper Use:
- ☐ Nebulizer
- ☐ Inhaler
- ☐ Holding chamber

Medication Compliance / Side Effects / Effectiveness:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

Use of Durable Medical Equipment:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

TRACK/ACT

- ☐ TRACK (0-5 years)
- ☐ ACT (4-11 years)
- ☐ ACT (12+ years)

Score:
- ☐ Controlled
- ☐ Not under control

Employment, Income, Food

Employment, income vs. expenses, food insecurity:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

Substance Use

Does anyone smoke or vape?
- ☐ Yes
- ☐ No

Sanitation

Home Heat Source:
- ☐ Forced air
- ☐ Gravity heat
- ☐ Oven
- ☐ Radiator
- ☐ Space heater
- ☐ Other

Home Cooling System:
- ☐ Central
- ☐ Room fans
- ☐ Window AC
- ☐ Windows
- ☐ None

Heat System Control:
- ☐ Difficult to control heat/temp
- ☐ Easy to control heat/temp

Are filters for heat system changed (forced air only)?
- ☐ Yes
- ☐ No
- ☐ Does not know

Supplemental Heating Source:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

Air Irritants Present:
- ☐ Air fresheners
- ☐ Incense
- ☐ Odor neutralizers
- ☐ Scented candles
- ☐ Other

Cleaning Products:
- ☐ Hypoallergenic/unscented products
- ☐ Strong smelling products
- ☐ Other

Type of Pet:
- ☐ Bird
- ☐ Cat
- ☐ Dog
- ☐ Rodent (hamster, gerbil, guinea pig, rat)
- ☐ Other
- ☐ None

Pests:
- ☐ Bed bugs
- ☐ Cockroaches
- ☐ Rodents
- ☐ Other
- ☐ None

Visible Mold:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

Musty/Damp Odor:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

Dust/Excess Clutter:
- ☐ WNL
- ☐ Except
- ☐ Not WNL

Products in Use:
- ☐ Bed encasements
- ☐ Pillow encasements
- ☐ HEPA air cleaner
- ☐ HEPA vacuum
- ☐ Other
- ☐ None

Teaching

Education completed:
- ☐ Pathophysiology of Asthma
- ☐ Asthma Signs and Symptoms
- ☐ Current Asthma Management Practices
- ☐ Wellness
- ☐ Dangers of Smoking/Vaping
- ☐ Importance of Medical Follow Up for Asthma
- ☐ Medications
- ☐ Environment and Triggers
- ☐ Products to Reduce Environmental Triggers
- ☐ Budgeting/Finance/Insurance
- ☐ Other

Case Management

Case Management and Referrals:
- ☐ Asthma Coordination among Providers
- ☐ Referral to Community Resources
- ☐ Referral to tobacco cessation Program
- ☐ Pest Control
- ☐ Mold Remediation
- ☐ Refer Environmental Specialist
- ☐ Other

Notes