**Patient Asthma APGAR with scores**

*Please circle your answers:*

**A** 1. In the past 2 weeks, how many times did problems with asthma interfere with your activities or activities you wanted to do?

- Never (0)
- 1 – 2 times (1)
- 3 or more times (2)

**P** 2. How many days in the past 2 weeks did you have shortness of breath, wheezing, chest tightness, cough or felt you should use your rescue inhaler?

- None (0)
- 1 - 2 days (1)
- 3 or more days (2)

3. How many nights in the past 2 weeks did you wake up or have trouble sleeping due to coughing, shortness of breath, wheezing, chest tightness or get up to use your rescue medication?

- None (0)
- 1 - 2 nights (1)
- 3 or more nights (2)

**G** 4. Do you know what makes your asthma worse?

- Never
- Sometimes
- Usually

- Please circle things that make your asthma worse: cigarettes, smoke, colds, trees, flowers, cats, dogs, mold, cold air, or other: __________________________

- Can you avoid the things that make your asthma worse?

- Seldom
- Sometimes
- Most of the time

**A** 5. List medications you’ve taken for asthma in the past 2 weeks:

<table>
<thead>
<tr>
<th>Asthma Medication</th>
<th>When taken?</th>
<th>Reasons for taking medication:</th>
<th>Reason for not taking medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**R** 6. When I use my asthma medicine I feel:

- Worse
- No Different
- A Little Better
- A Lot Better
Scoring Patient ASTHMA and linking to algorithm

Interpretation of APGAR score:
a. Score of 2 or 3---Inadequate control requiring action
b. Score 4 or more--Poor control requiring therapy change

Scoring:
A = activities
Never = 0  1-2 time = 1  3 or more times = 2

P = persistence of symptoms
Daytime
None = 0  1-2 days = 1  3 or more days = 2

Nighttime
None = 0  1-2 nights = 1  3 or more nights = 2

Simply add the scores for a total of 0 to 6.

All other questions are used to gather information about problems related to control

Case: (an example of training case)

- Score is 2 with 1 for activities and 1 for daytime symptoms.
- No major exacerbations.
- Cigarettes and mold may asthma worse but can usually avoid
- Is taking short acting beta agonist 2 times per day
- Is not taking inhaled steroids except on prn basis
- Does not think the steroids help and short acting beta agonist wears off

Summary from ASTHMA---inadequate control, seems to be avoiding triggers but not adhering to therapy as prescribed---seems to have them backwards.

Go to algorithm—
Address issues of adherence—why not adhering—cost, misunderstanding, fear of steroids, does not likely daily medications, other?

Address issues of inhaler technique—is the SABA being delivered?

Decide on changes---agreement to try ICS daily for 3 weeks, SABA—prn using newly learned proper inhaler technique, and return visit in 3 weeks for reassessment.
### APGAR PLUS

A= Activities  
P= Asthma Plan  
G= triGGers  
A = Asthma medications  
R= Response to therapy

**Please circle your answers:**

1. In the past 2 weeks, how many times did any breathing problems (such as asthma) interfere with your **ACTIVITIES** or activities you wanted to do?  
   - Never  
   - 1 - 2 times  
   - 3 or more times

2. How many **DAYS** in the past 2 weeks did you have shortness of breath, wheezing, chest tightness, cough or felt you should use your rescue inhaler?  
   - None  
   - 1 - 2 DAYS  
   - 3 or more DAYS

3. How many **NIGHTS** in the past 2 weeks did you wake up or have trouble sleeping due to coughing, shortness of breath, wheezing, chest tightness or get up to use your rescue medication?  
   - None  
   - 1 - 2 NIGHTS  
   - 3 or more NIGHTS

4. Do you know what makes your breathing problems or asthma worse?  
   - Yes  
   - No  
   - Unsure

   - Please circle things that make your breathing problems or asthma worse:  
     - Cigarettes  
     - Smoke  
     - Cold Air  
     - Colds  
     - Exercise  
     - Dust  
     - Dust Mites  
     - Trees  
     - Flowers  
     - Cats  
     - Dogs  
     - Mold  
     - Other: ____________________

   - Can you avoid the things that make your breathing problems or asthma worse?  
     - Seldom  
     - Sometimes  
     - Most of the time

5. List or describe medications you’ve taken for breathing problems or asthma in the past 2 weeks: Remember you may use Nasal, Oral, or Inhaler medications.

<table>
<thead>
<tr>
<th>Breathing or Asthma Medication</th>
<th>When taken?</th>
<th>Reasons for taking medication:</th>
<th>Reasons for not taking medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
<td>As needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>As needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>As needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>As needed</td>
<td></td>
</tr>
</tbody>
</table>

6. When I use my breathing or asthma medicines I feel:  
   - Worse  
   - No Different  
   - A Little Better  
   - A Lot Better
For Clinician use only:

**Activity follow up questions:**
- What have you given up due to asthma?
- What would you like to do that you can’t, because of asthma?

**Persistence follow up questions:**
- Has the frequency and severity of your daytime symptoms been similar over the last 2 months?
- Has the frequency and severity of your nighttime symptoms been similar over the last 2 months?

**Medication follow up questions:**
- **Would you like to know the difference between rescue and controller medication? Y/N/Unsure**
- Do you have or use a rescue medication? Y/N/Don’t know
  - Show me medication or describe it.
  - How often do you use your rescue medication?
- What do you do when you feel you need a rescue medication? ____________
- Do you have or use a prevention medication? Y/N/Don’t know
  - Show me medication or describe it.
  - How often do you use your prevention medication?
- Demonstrate inhaler technique.
- Does the cost of your treatment affect your taking/buying asthma medication? Y/N/Unsure

**Response follow up questions:**
- Do you think your asthma therapy helps? Y/N/Unsure
- How often do you have to refill your rescue inhaler?
- Which ones help?
  - Avoiding triggers? Y/N
  - Rescue inhaler? Y/N
  - Preventive medicines? Y/N
- What else helps your asthma? ________________________________
Asthma APGAR
Patient completes and Health Professional Scores

(Yearly influenza immunization)

A + P > 2
- Assess reasons:
  - Inhaler technique
  - Adherence
  - Triggers - smoking
  - Consider lung function

A + P ≤ 2
- Assess:
  - Inhaler technique
  - Triggers/Seasons
  - Goals

Acute change
- Yes
  - Exacerbation Protocol
- No

Identified Problem
- Attempt remediation
- Fixable
  - Modify and recheck in 2-4 weeks

Identified Problem
- Inadequate response
  - Recheck 2-4 weeks

Inadequate response
- All OK
  - Step up Medication
- Modify and recheck in 2-4 weeks

A + P still > 2
- Reassess diagnosis
- Consider referral

A + P ≤ 2
- Do:
  - Focused Education
  - Asthma Action Plan
  - Next Appointment

Consider stepping down medication
- Call or visit 4 weeks
- Recheck 3-6 months and before “next season”