

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:

Asthma Medication	When taken?		Reasons for taking medication:	Reason for not taking medication:
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		

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:

- Score of 2 or 3---Inadequate control requiring action
- Score 4 or more--Poor control requiring therapy change

Scoring:

A = activities

Never = 0 1-2 times = 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.

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


APGAR PLUS

P=Asthma Plan
L=Lung function
U=Use of inhaler
S=Steroids


Please circle your answers:

A 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

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 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

G 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

A 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.

Breathing or Asthma Medication	When taken?		Reasons for taking medication:	Reasons for not taking medication:
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		
	<input type="checkbox"/> Daily	<input type="checkbox"/> As needed		

R 6. When I use my breathing or asthma medicines I feel:

Worse No Different A Little Better A Lot Better

A=Activities
P=Persistent
G=triGGers
A=Asthma medication
R=Response to therapy

For Clinician use only:

P=asthma Plan
L=Lung function
U=Use of inhaler
S=Steroids

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? _____

Algorithm

Asthma APGAR

Patient completes
and Health Professional Scores

