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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01411 (10/2017)  | **STATE OF WISCONSIN**Asthma Care and Environmental Strategies Program |
| **EDUCATION-MEDICATION SUMMARY - PART B** |

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| --- | --- | --- |
| **Client ID Number** | **Enrollment Number**  | **Date of evaluation** |
| **Name - Client**  | **Date of birth (mm/dd/yyyy)** | **Age** |
| **ASTHMA EDUCATION PROVIDED** |
| **Education Provided** | **Participant Baseline Knowledge** | **Educator Reviewed** | **Participant Understanding, Verbalized or Demonstrated** | **Comments** |
|  | **Y** | **N** | **Y** | **N** | **N/A** | **Y** | **N** | **N/A** |  |
| 1. Asthma Pathophysiology
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Medications

 2a. Quick-reliever 2b. Long-term Controller | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Spacer/Chamber
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Inhaler Technique
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Symptoms and Early

 Warning Signs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Written Asthma Action Plan
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Flu Vaccine in past 12 months
 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 1. Triggers

 8a. Identifying Triggers 8b. Providing  Recommendations | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
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