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Asthma Patient Survey

This survey is part of a program to help doctors improve the care they give patients. The American Board of Internal Medicine (ABIM) sponsors the program.

Asthma is one of the most important health problems in the United States. You can help our office give you the best possible care by completing this survey about your own medical care. The survey is easy to do. It will take less than 15 minutes. You can do it by using the telephone or the Internet, and no one in your doctor's office will know how you answered the questions. If you choose not to answer, that's okay.

Your doctor's office may offer to collect your written responses and enter them over the Internet for you. This is okay. If you give your completed survey to someone in your doctor's office, they may know how you answered the questions. To help keep your answers private, please do not write your name on the survey.

Important: If you have not had an appointment with this doctor in the last 12 months, these questions will not apply to you. Thank you for your willingness to participate but this survey is intended for patients who recently visited the doctor's office. If you are scheduled to see this doctor soon, you may wish to complete this survey after your visit.



USE A TOUCH-TONE PHONE (For U.S. Residents Only)

You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-591-3528**
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.



USE THE INTERNET (For U.S. and International Residents)

- Go to <http://survey.abim.org>
- Select "English"
- Enter the identification number for *Physician's Name Here*
Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit" button

Thank you very much.

1. **How would you rate your overall health?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
2. **How would you describe your current level of fitness?**
 - 1 Really in shape
 - 2 In shape
 - 3 So-so
 - 4 Out of shape
 - 5 Really out of shape
 - 6 Skip this question
3. **In the past four weeks, did you feel that your asthma was well controlled?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
4. **In the past four weeks, did you miss any work, school, or normal daily activity (for example, household chores or social engagements) because of your asthma?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
5. **In the past four weeks, did your asthma wake you up at night?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
6. **In the past 12 months, how many times did you go to the emergency department because of your asthma symptoms?**
 - 1 None
 - 2 One
 - 3 Two or more
 - 4 Skip this question
7. **Do you have written instructions from your doctor or someone in the practice on what to do if you are having an asthma attack?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
8. **Do you use an inhaler for quick relief from asthma symptoms?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
9. **In the past four weeks, how often did you use this quick-acting inhaler?**
 - 1 Once or twice in the four weeks
 - 2 Less than or equal to two days per week
 - 3 Greater than two days per week but not daily
 - 4 Every day
 - 5 I do not use an inhaler for quick relief from asthma symptoms
 - 6 Skip this question
10. **In the past 12 months, has your doctor or someone in the practice watched you use an inhaler to make sure you use it correctly?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 I don't use an inhaler
 - 5 Skip this question
11. **Has your doctor ever prescribed an asthma inhaler or pill that is NOT used for quick relief but is used to control your asthma?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question

- 12. What best describes how you take this long-term control medicine now?**
- 1 I take it every day
 - 2 Some days I take it, but other days I don't
 - 3 I used to take it, but now I don't
 - 4 I only take it when I have symptoms
 - 5 I never took it
 - 6 My doctor has never prescribed a medicine for long-term asthma control
 - 7 Skip this question
- 13. How is this practice at encouraging you to ask questions and answering them clearly?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 14. Do you and your doctor make decisions together about your asthma treatment?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
- 15. How would you rate your asthma care overall?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 16. How is this practice at going over how to take your asthma medications with you?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 17. How is this practice at giving you information about side effects of your medications?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 18. How is this practice at making sure you understand your asthma triggers (the things that make your asthma symptoms worse)?**
- 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 19. Do you currently smoke cigarettes?**
- 1 Yes
 - 2 No (Go to question 22)
 - 3 Skip this question (Go to question 22)
- 20. Has your doctor advised you to stop smoking?**
- 1 Yes, more than once
 - 2 Yes, once
 - 3 No (Go to question 22)
 - 4 I'm not sure (Go to question 22)
 - 5 Skip this question (Go to question 22)
- 21. Did your doctor (or other staff in the office) offer you assistance, medication, or a referral to help you stop smoking?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question



22. In the past 12 months, how much of a problem has it been to schedule appointments with this practice?

- 1 Not a problem
- 2 A small problem
- 3 A big problem
- 4 Not applicable
- 5 Skip this question

23. In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?

- 1 Not a problem
- 2 A small problem
- 3 A big problem
- 4 Not applicable
- 5 Skip this question

24. In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?

- 1 Not a problem
- 2 A small problem
- 3 A big problem
- 4 Not applicable
- 5 Skip this question

25. What is your age?

26. Are you male or female?

- 1 Male
- 2 Female
- 3 Skip this question

Thank you for taking the time to complete this survey.

This survey is part of a program sponsored by the American Board of Internal Medicine.

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