

## Asthma PIM Chart Questions

No.	Question Text	Responses
1	The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male   [2] Female
6	Age at the most recent visit:	N/A
7	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes   [2] No
8	5-digit zip code:	N/A
9	Patient is Hispanic or of Latino origin or descent:	[1] Yes   [2] No   [3] Unknown
10	Race (check all that apply):	[1] White   [2] Black or African American   [3] Asian   [4] Native Hawaiian or other Pacific Islander   [5] American Indian or Alaska Native   [6] Other   [7] Unknown
11	Have language barriers affected your ability to care for this patient?	[1] Not at all   [2] Somewhat   [3] Greatly
12	What is the patient's expected source(s) of payment at the most recent visit, which is listed above? Check all that apply.	[1] Private insurance   [2] Traditional Medicare (Part B)   [3] Medicare Advantage/HMO (Part C)   [4] Medicare - type unknown   [5] Medicaid/SCHIP   [6] Worker's compensation   [7] VA, military, or other government   [8] Self-pay (not counting co-payment)   [9] No charge or charity care   [10] Other   [11] Unknown
13	Has the patient's health insurance status affected the choices of care you made for this patient?	[1] Not at all   [2] Somewhat   [3] Greatly
14	Length of your relationship with the patient:	[1] Less than 12 months   [2] 12 months or longer

## Asthma PIM Chart Questions

No.	Question Text	Responses
15	Classification	N/A
16	What is this patient's asthma severity classification at this visit?	[1] Intermittent   [2] Mild persistent   [3] Moderate persistent   [4] Severe persistent   [5] Not documented
17	Smoking Status	N/A
18	Is the patient a current smoker?	[1] Yes   [2] No   [3] Not documented
19	Is there documentation of smoking cessation counseling?	[1] Yes   [2] No
20	Date of the most recently documented smoking cessation counseling:	N/A
21	During the past 12 months, what type of smoking-cessation support has been offered? (Check all that apply.)	[1] Brief advice to stop smoking   [2] Support within the office practice   [3] Referral to a smoking-cessation program   [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline)   [5] No support has been offered during the past 12 months   [6] Other
22	Complications	N/A
23	Was there an assessment as to whether the following factors affect this patient's asthma symptoms?	N/A
24	Recurrent rhinitis and/or sinusitis	[1] Yes   [2] No
25	Nasal polyps	[1] Yes   [2] No
26	Gastroesophageal reflux	[1] Yes   [2] No
27	Aspirin or NSAID sensitivity	[1] Yes   [2] No
28	Exercise-induced bronchospasm	[1] Yes   [2] No
29	Does this factor(s) make control of this patient's asthma symptoms more difficult?	N/A
30	Recurrent rhinitis and/or sinusitis	[1] Yes   [2] No   [3] Unsure
31	Nasal polyps	[1] Yes   [2] No   [3] Unsure
32	Gastroesophageal reflux	[1] Yes   [2] No   [3] Unsure

## Asthma PIM Chart Questions

No.	Question Text	Responses
33	Aspirin or NSAID sensitivity	[1] Yes   [2] No   [3] Unsure
34	Exercise-induced bronchospasm	[1] Yes   [2] No   [3] Unsure
35	Was there an assessment as to whether this patient has ongoing exposure to the following factors?	N/A
36	Chronic exposure to second-hand smoke	[1] Yes   [2] No
37	Fur-bearing pets in the home	[1] Yes   [2] No
38	Moisture, dampness, or visible mold in the home	[1] Yes   [2] No
39	Cockroaches in the home	[1] Yes   [2] No
40	Outdoor allergens	[1] Yes   [2] No
41	Workplace exposures	[1] Yes   [2] No
42	Stressors/stressful situations	[1] Yes   [2] No
43	Depression	[1] Yes   [2] No
44	Weather changes	[1] Yes   [2] No
45	Does exposure to this factor(s) make control of this patient's asthma symptoms more difficult?	N/A
46	Chronic exposure to second-hand smoke	[1] Yes   [2] No   [3] Unsure
47	Fur-bearing pets in the home	[1] Yes   [2] No   [3] Unsure
48	Moisture, dampness, or visible mold in the home	[1] Yes   [2] No   [3] Unsure
49	Cockroaches in the home	[1] Yes   [2] No   [3] Unsure
50	Outdoor allergens	[1] Yes   [2] No   [3] Unsure
51	Workplace exposures	[1] Yes   [2] No   [3] Unsure
52	Stressors/stressful situations	[1] Yes   [2] No   [3] Unsure
53	Depression	[1] Yes   [2] No   [3] Unsure
54	Weather changes	[1] Yes   [2] No   [3] Unsure

## Asthma PIM Chart Questions

No.	Question Text	Responses
55	Diagnostic Tests/Symptoms	N/A
56	Has spirometry been done and results documented?	[1] Yes   [2] No
57	Date of the most recent spirometry (FEV1):	N/A
58	Results of spirometry:	[1] > 80% predicted   [2] >= 60% to <= 80% predicted   [3] < 60% predicted
59	Has office peak expiratory flow rate (PEFR) been measured and results documented?	[1] Yes   [2] No
60	Has allergy testing been done and results documented?	[1] Yes   [2] No
61	During the month prior to the most recent visit, how often did this patient experience severe asthma symptoms?	[1] Not at all   [2] Once or twice a week   [3] Three to six times per week   [4] Once a day   [5] More than once a day   [6] Not documented
62	During the month prior to the most recent visit, how often did this patient experience nighttime asthma symptoms?	[1] Not at all   [2] Once or twice a month   [3] Once a week   [4] Two to three nights a week   [5] Four or more nights a week   [6] Not documented
63	Treatment and Interventions	N/A
64	Has a short-acting beta2-agonist (SABA) been prescribed for quick relief of asthma symptoms?	[1] Yes   [2] No   [3] No - patient is allergic, intolerant, or has a contraindication   [4] Not documented
65	During the month prior to the most recent visit, how often did this patient need to use the short-acting beta2- agonist for relief of asthma symptoms?	[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] Daily or several times a day   [5] Not documented
66	During the past 12 months, has this patient had exacerbations requiring oral systemic corticosteroids?	[1] Yes, only once   [2] Yes, more than once   [3] No   [4] Not documented
67	Indicate which long-term control medications are part of this patient's treatment plan. Check all that apply.	[1] Inhaled corticosteroids (ICSs)   [2] Long-acting beta2-agonist (LABAs)   [3] Combination inhaled corticosteroid/long-acting beta2-agonist   [4] Other long-term control medications   [5] None of the above
68	Has the patient received an influenza vaccine during the most recent flu season?	[1] Yes   [2] No   [3] Not documented

## Asthma PIM Chart Questions

No.	Question Text	Responses
69	Action Plan	N/A
70	At this visit, what was done concerning the patient's written asthma management plan (action plan)?	[1] A plan was created, updated or reviewed   [2] The existing plan was not updated or reviewed at this visit   [3] The patient does not have a written asthma management plan
71	Was the patient given a written copy of the action plan at this visit?	[1] Yes   [2] No   [3] Not documented
72	Functional Status	N/A
73	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction.   [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work).   [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.   [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.   [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
74	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes   [2] No   [3] Not documented
75	Is the patient independent in activities of daily living (ADLs)?	[1] Yes   [2] No   [3] Not documented
76	Barriers to Self Care	N/A
77	Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A
78	Psychiatric illness or cognitive impairment	[1] Yes   [2] No
79	Problems with adherence	[1] Yes   [2] No
80	Other medical conditions	[1] Yes   [2] No
81	Social factors	[1] Yes   [2] No