



U.S. DEPARTMENT OF COMMERCE  
 Economics and Statistics Administration  
**U.S. CENSUS BUREAU**  
 ACTING AS DATA COLLECTION AGENT FOR THE  
 U.S. Department of Health and Human Services  
 Centers for Disease Control and Prevention  
 National Center for Health Statistics

# NATIONAL AMBULATORY MEDICAL CARE SURVEY

## 2012 ASTHMA SUPPLEMENT

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### BACKGROUND INFORMATION

<b>A.</b> Provider's serial number	<b>C.</b> Census contact name				
<b>B.</b> Provider's specialty ( <i>Mark (X) only ONE.</i> ) 1 <input type="checkbox"/> General/Family Practice    3 <input type="checkbox"/> Pediatrics 2 <input type="checkbox"/> Internal Medicine        4 <input type="checkbox"/> CHC Mid-level Provider 5 <input type="checkbox"/> Other—Specify <input style="width: 50px;" type="text"/>	<b>D.</b> Census contact telephone <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-right: 1px dashed black; padding: 5px;">Area code</td> <td style="padding: 5px;">Number</td> </tr> <tr> <td style="border-right: 1px dashed black; height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	Area code	Number		
Area code	Number				

**INTRODUCTION** ▶ The National Institutes of Health, Centers for Disease Control and Prevention, and the US Environmental Protection Agency are conducting a special survey on asthma care provided in community health centers and physician office settings. We are interested in the clinical decisions you make about asthma in every day practice and not what may be ideal or best practice. Your answers will remain confidential. For all the following questions, please answer only for patients you personally see. Do not include patients seen by or clinical decisions made by other practitioners at your site.

**1.** Which of the following patient age groups do you see?  
*Mark (X) all that apply.*

1  0–11 years  
 2  12–17 years  
 3  18–24 years  
 4  25–64 years  
 5  65 years and above

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**2.** Which type of system, if any, do you use to track and manage your patients with asthma (e.g., schedule regular follow-up visits)?

1  Electronic medical record-based system                      4  Other type of system  
 2  An electronic system separate from medical records        5  No system  
 3  Paper reminder/recall system                                        6  Don't know

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**3.** How frequently do you use an asthma-specific structured encounter form (i.e., an asthma template or an asthma visit checklist) when asthma is the primary reason for the visit?

1  No form available                      4  Often (25–74%)  
 2  Never (0%)                                5  Almost always (75–100%)  
 3  Sometimes (1–24%)

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**4.** During your last normal week of practice, approximately how many visits did you have with patients who have asthma **regardless of the reason for the visit?**

Number of visits

5. For each of the following statements, please indicate whether you agree or disagree:	Mark (X) one box in each row.				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<b>a.</b> Spirometry is an essential component of a clinical evaluation for an asthma diagnosis in patients able to perform it (please do not include peak flow monitoring as spirometry)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> Inhaled corticosteroids are the most effective medications to control persistent asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Asthma action plans are an effective tool to guide patient self-management efforts	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> Patients with persistent asthma should have follow-up visits at least every 6 months to assess control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> Assessing asthma severity is necessary to determine initial therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

6. Please rate your confidence in using the following actions:	Mark (X) one box in each row.			
	Very confident	Somewhat confident	Not all confident	N/A (do not perform)
<b>a.</b> Using spirometry data as a component of a clinical evaluation for an asthma diagnosis in patients able to perform it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b.</b> Assessing underlying asthma severity using standard criteria	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c.</b> Prescribing the appropriate dose of inhaled corticosteroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>d.</b> Evaluating the need to step up controller therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>e.</b> Evaluating when to step down controller therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**FOR QUESTIONS 7-10, PLEASE RESPOND REGARDING VISITS MADE SPECIFICALLY FOR ASTHMA (INCLUDING ROUTINE AND ACUTE VISITS).**

7. For what percent of asthma visits do you document overall asthma control? 1 <input type="checkbox"/> 0% (Never) 2 <input type="checkbox"/> 1–24% (Sometimes) 3 <input type="checkbox"/> 25–74% (Often) 4 <input type="checkbox"/> 75–100% (Almost always)
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8. For what percent of asthma visits do you ask about the following items or perform the following tests to assess current asthma control?	Mark (X) one box in each row.			
	0% (Never)	1–24% (Sometimes)	25–74% (Often)	75%–100% (Almost always)
<b>a.</b> Ability to engage in normal daily activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>b.</b> Frequency of daytime symptoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>c.</b> Frequency of nighttime awakening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>d.</b> Patient perception of symptom control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>e.</b> Control assessment tool (e.g., Asthma Control Test, Asthma Control Questionnaire, Asthma Therapy Assessment Questionnaire, or similar tool)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>f.</b> Frequency of rescue inhaler use (e.g., Albuterol)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>g.</b> Frequency of exacerbations requiring oral steroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>h.</b> Frequency of emergency department visits or urgent care visits for asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>i.</b> Peak flow results from home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>j.</b> Spirometry (include only visits with patients able to perform spirometry)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

<b>9.</b> For what percent of asthma visits do you use each of the following strategies to help patients control and manage their asthma?	<i>Mark (X) one box in each row.</i>					
	0% (Never)	1–24% (Sometimes)	25–74% (Often)	75–100% (Almost always)		
	a. Provide a new or review an existing written asthma action plan outlining medications, triggers, and when to seek emergency care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	b. Assessment by history of triggers at home (e.g., pets, mold, tobacco smoke)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	c. Assessment by history of triggers at school (e.g., mold, dust, exhaust) <i>Skip to 9d if you do not see children</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	d. Ask adult patients about their occupation and place of employment <i>Skip to 9f if you do not see adults</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	e. Assessment by history of triggers at the workplace (e.g., dust, fumes, chemicals) <i>Skip to 9f if you do not see adults</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	f. Testing for allergic sensitivity via skin or allergen-specific IgE (e.g., RAST) testing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	g. Assessment of daily use of controller medication (e.g., inhaled corticosteroids) for patients with persistent asthma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
	h. Repeated assessment of inhaler technique	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
i. Referral to a specialist <i>Skip to 10 if you are an asthma/allergy specialist</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		
<b>10.</b> Under which circumstances do you make the following recommendations about environmental exposures?	<i>Mark (X) one box in each row.</i>					
		For most asthma patients	Only for patients with sensitivity to this trigger	Rarely or never recommend		
	a. Using dust mite control measures (e.g., mattress covers)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	b. Controlling household mold and pests (e.g., cockroaches)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	c. Removing pets from the home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	d. Avoiding pollen (e.g., limit outdoor time, close windows)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	e. Avoiding air pollution (e.g., ozone warnings)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
	f. Making changes to cooking appliances (e.g., exhaust vents)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>		
g. Avoiding second-hand tobacco smoke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
<b>11.</b> How do you use the following medications? <i>Mark (X) ALL that apply on each row.</i>	<b>Mark (X) ALL that apply on each row.</b>					
		Symptom relief/acute exacerbation	Daily long term control therapy	Add on daily control therapy	For difficult to control asthma	Do not use
	a. Short acting beta agonists (e.g., Albuterol)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	b. Inhaled corticosteroids (ICS)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	c. Long acting beta agonists (LABA) (e.g., Serevent/salmeterol, Foradil/formoterol)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	d. Combination medication that includes both LABA and ICS (e.g., Advair)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	e. Leukotriene modifiers (e.g., Singulair/montelukast)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	f. Anticholinergics (e.g., ipatropium, tiotropium)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	g. Methylxanthines (e.g., theophylline)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	h. Omalizumab/Xolair	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	i. Short course of oral/injectable corticosteroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	j. Long course of oral corticosteroids (>10 days)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**12.** Below are strategies that could be used to help patients control their asthma. Please specify whether you use each strategy. If you do not use a strategy, specify the most important barrier (if any) that you face to using that strategy. You may also indicate that you face no barrier or that you view that strategy as not effective.

	Do you use this strategy? If no, please indicate one barrier listed to the right. Mark (X) <b>one</b>		Mark (X) <b>one</b> box for each "NO" response.							
	Yes	No	No barrier	Not effective	Poor patient adherence	Low patient health literacy	Lack of staff/equipment	Lack of training	Lack of time	Lack of payment
	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(a)</b> Written asthma action plans	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(b)</b> A control assessment tool (e.g., ACT or similar tool)	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(c)</b> Home peak flow monitors	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(d)</b> In-office spirometry	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(e)</b> Educating patients to recognize symptoms	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(f)</b> Educating patients to avoid risk factors	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(g)</b> Involve patients in treatment decision-making	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(h)</b> Observe inhaler use by patients	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(i)</b> Advise patients to change their home environment	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(j)</b> Advise employed patients to seek changes in the work environment	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
<b>(k)</b> Schedule routine follow-up visits to assess asthma control	1 <input type="checkbox"/>	2 <input type="checkbox"/> →	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

**13.** How often do you encounter these patient concerns or misunderstandings about asthma therapies?

Mark (X) **one** box in each row.

Never (0%)	Sometimes (1–24%)	Often (25–74%)	Almost always (75–100%)
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<b>(a)</b> Misunderstanding of medication risks or side effects, or belief in myths (e.g., muscle development, addiction)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>(b)</b> Concern about short-term side effects from inhaled corticosteroids (e.g., thrush)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>(c)</b> Concern about long-term side effects of inhaled corticosteroids (e.g., delayed growth in children)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>(d)</b> Confusion between symptom relief medications and daily control medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**14.** Please indicate your role?

- 1  Physician to whom this survey was addressed
- 2  Other clinical role (e.g., PA, NP, RN)
- 3  Other office staff

**Closing Statement** – Thank you for completing this special survey. We appreciate your time and cooperation.