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VISIT #1

Yakama Service Unit Tribal Asthma Home Visit Program

The purpose of this interview is to collect information about you and your home environment as it relates to your asthma and safety. These questions are to guide the type of help you will receive. You do not have to answer any questions you do not want to. All of your responses are confidential and will not affect any of the services at the clinic or from your provider.

1. Do you have a primary concern about the health of your home? ***[check all that apply]***

- ☐ Mold/mildew/ moisture
- ☐ Dust/dust mites/track-in contaminants
- ☐ Pet dander/fur
- ☐ Pesticides
- ☐ Household chemicals or cleaners
- ☐ Poor ventilation
- ☐ Tobacco smoke
- ☐ Wood/other smoke
- ☐ Carbon monoxide
- ☐ Lead/asbestos/formaldehyde
- ☐ None
- ☐ Other: _____

2. What type of residence is your home?

- ☐ House
- ☐ Condo
- ☐ Apartment
- ☐ Multiplex
- ☐ Mobile/Manufactured Home
- ☐ Other: _____

3. Do you own your home, if not who does? Y / N

- ☐ Spouse/Partner
- ☐ HUD
- ☐ Relative
- ☐ Landlord

4. Do any of the following cause any person with asthma to have symptoms such as coughing, wheezing, or tightness in the chest?

(Check all that apply and list who has the sensitivity to the allergen)

- ☐ Tobacco Smoke
- ☐ Pets/pet dander
- ☐ Household chemicals/cleaners
- ☐ Cockroaches/ rodents
- ☐ Poor ventilation/stale air
- ☐ Dust /dust mites
- ☐ Mold/mildew/moisture
- ☐ Change in weather
- ☐ Exercise
- ☐ Food/cooking
- ☐ Illness/virus/infection
- ☐ Fragrances/perfume
- ☐ Medicines
- ☐ Pollen/plants
- ☐ Wood/other smoke
- ☐ Aerosol cans/sprays
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Assessor :	**Chart Number / DOB:**
Name:	**Date:**
Address:	**City/State/Zip:**
Phone #:	**E-mail:**

HOUSEHOLD PETS

5. Are there any pet(s)?

☐ No ☐ Yes

If yes, what kind of pet(s)? *(check all that apply)*

☐ Dog(s) ☐ Cat(s) ☐ Bird(s) ☐ Reptile(s) ☐ Fish ☐ Rodent(s) *(hamsters, mice, rats, guinea pigs)*

☐ Other _____

If pet(s) are present, are they allowed in the house?

☐ No ☐ Yes

If pet(s) are present, are they allowed in the bedrooms and/or on the furniture?

☐ No ☐ Yes ☐ N/A

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.

Key Messages About Household Pets	Recommend	Compliant	Does Not Apply
If possible, remove any furry pets from the home or keep them outside.	☐	☐	☐
Keep furry pets out of bedrooms/sleeping areas and off the furniture. If not possible, cover the bedding and furniture with sheets or slip covers and wash regularly in hot water.	☐	☐	☐
Use pet bedding or have designated pet areas. Clean the bedding in hot water, and the floor regularly to control excess fur, dander and fleas.	☐	☐	☐
Reduce in/out movement of pets to prevent fleas coming inside. Use low toxic flea control such as combs and shampoos.	☐	☐	☐
Wash hands frequently when touching pets, cleaning bedding, and when using flea/tick control products.	☐	☐	☐

HOUSEHOLD CHEMICALS/CLEANERS

ASSESSOR : Ask homeowner to show what types of cleaners are used.

6. How often are cleaners with strong odors used?
(glass cleaner, mildew remover, bleach, all purpose cleaners, paints, adhesives, air fresheners, or plug-ins)

☐ Frequently ☐ Rarely Never ☐ None in House

7. Are household chemicals and/or cleaning products stored inside the home?

☐ No ☐ Yes, some ☐ Yes, all of them

8. How are household chemicals and/or cleaning products disposed?

☐ In the outside garbage can ☐ Pour down the drain ☐ Take to waste collection site

☐ Use them until gone ☐ N/A ☐ Other: _____

9. Does anyone in the home dry-clean his or her clothing?

☐ No ☐ Yes, how often:_____

10. Are there members of the household who work with hazardous materials on the job?
(asbestos, batteries, lead, paint, pesticides)

☐ No ☐ Yes

11. If a member works with hazardous materials, before coming home do they? (check all that apply)

☐ Change clothes ☐ Change shoes ☐ Shower ☐ Don't know/none of these choices

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.

Key Messages About Household Chemicals/Cleaners	Recommend	Compliant	Does Not Apply
Use non-toxic/green cleaning products whenever possible. Replace solvent-based products with water-based alternatives.	☐	☐	☐
If you use household chemicals or cleaning products, follow instructions on the package – including opening doors and windows, using fans and wearing protective gear such as gloves and goggles. Always read the label.	☐	☐	☐
Use household chemicals and cleaning products in the morning so that the house has plenty of time to air out before bedtime.	☐	☐	☐
Store hazardous products away from children, pets, heat, or fire, and preferably out of the house and garage.	☐	☐	☐
Store household chemicals and cleaning products in a 5-gallon bucket, tub, or container with a lid to prevent outgas and spills from escaping.	☐	☐	☐
Check all chemical containers for rust, cracks, or broken lids. Do not use if damaged.	☐	☐	☐
Dispose of household chemicals and cleaning products properly. Take to waste control drop sites. Do not pour chemicals down the drain or into the garbage can.	☐	☐	☐
Air out dry-cleaned clothing before bringing indoors.	☐	☐	☐
Wash and keep clothes that may have been exposed to industrial chemicals or pesticides separate from other items and keep items off any kind of carpeting.	☐	☐	☐
Wash hands frequently when using household chemicals or cleaning products.	☐	☐	☐

PEST CONTROL

12. Has the homeowner seen any sign of antsΣ spidersΣ flŜas, cocʅrolꞏcĸŜăΣ ℕ2ŘŜyűă, 2ℕ 2űĸŜℕ LJŜăűăĸ

☐ No ☐ Yes, cockroaches ☐ Yes, rodents ☐ Yes, other pests: _____

13. Is the home treated (sprayed with pesticide) for pests?

☐ No ☐ Yes, how many times a year: _____Locations (inside or outside): _____

14. Are there food crumbs or unsealed food visible (in the kitchen, pet food bowls etc.)?

☐ No ☐ Yes, locations: _____

15. Are there holes or gaps in walls, around plumbing, doorjambs, lack of screened windows, etc. that would allow pests to enter the home?

☐ No ☐ Not sure ☐ Yes, locations: _____

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.

Key Messages About Pest Control	Recommend	Compliant	Does Not Apply
Clean all surfaces where you have seen pests.	☐	☐	☐
Use baits, boric acid and traps to kill pests. Try not to use sprays. If you must use chemical pesticides, follow the manufacturer's labeled instructions.	☐	☐	☐
Clean up spills and crumbs immediately. Store food in sealed containers. Clean dishes daily; don't wait until the morning after dinner .	☐	☐	☐
Keep garbage in sealed bags. Remove all newspapers, cardboard, and other pest-nesting materials. Clean up garbage or debris on the property .	☐	☐	☐
Seal all holes and gaps if possible.	☐	☐	☐

VENTILATION

16. Does the heating and/or cooling system use filters?

☐ Yes ☐ No ☐ Not Sure

17. Does the heating system use a fuel burning substance (such as oil or yl·űdzℕl·fĸ[t gas)?

☐ Yes ☐ No ☐ Not Sure

18. Is there a gas-cooking stove?

☐ Yes ☐ No

19. Is there any kind of supplemental heating in your home?

☐ No ☐ Fireplace ☐ Wood burning stove, is it EPA-certified? ☐ Yes ☐ No

☐ Unvented kerosene or gas space heater ☐ Electric space heater *(radiator style, hot oil, anything that plugs in to the wall)*

20. Are there air conditioning window units?

☐ No ☐ Yes, all the time ☐ Yes, seasonal use

21. Is there a stand-alone air purifier?

☐ No ☐ HEPA ☐ Ionizing/Ozone ☐ Other: _____

22. Are all of the windows able to be opened in every room?

☐ Yes ☐ No, which rooms? _____

23. Are there screens on every door and window?

☐ Yes, some ☐ Yes, all ☐ No

24. Is the home near a busy street, intersection, bus station; farms, mills; industries, shops; school, etc?

☐ No ☐ Not Sure ☐ Yes, details: _____

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.			
Key Messages About Ventilation	**Recommend**	**Compliant**	**Does Not Apply**
Clean or replace filters at least quarterly. Consider upgrading MERV rating on filters (specialty filters, higher the rating, the fewer particles that can move through)	☐	☐	☐
Have heating systems inspected annually, including baseboards, ductwork, chimneys, wood stove doors, wall heater plates. Repair any cracks or damage promptly.	☐	☐	☐
Vacuum wall heaters behind their grate, baseboards, and/or the first 5-1inches of floor vents/duct work every couple of months to prevent particulates from blowing out of the system. Cover vents with cheesecloth to catch particulates if no risk of fire.	☐	☐	☐
Ventilate all rooms where fuel-burning appliances are located (stoves and water heaters). Ensure that they are also vented to the outside.	☐	☐	☐
Never use a gas stove as a heating source.	☐	☐	☐
Run bathroom ventilation fan or open window for 30 mins. after shower.			
Use the vent option on air conditioner window units. They can pull air in from the outside, or re-circulate the inside air.	☐	☐	☐
Ionizing/ozone air purifiers produce ozone, which may be dangerous for those with respiratory issues.	☐	☐	☐
As conditions permit, open windows and doors throughout the home to circulate FRESH air. If outside is cold, open window for 20 minutes. Furniture/walls retain their heat and allow home to warm quickly after windows are closed. Use screens to keep out pests.	☐	☐	☐
Keep windows and doors closed when there are high levels of traffic, mill emissions, wild fire smoke, etc.	☐	☐	☐
Replace wood stove with EPA certified one.	☐	☐	☐
Efficient wood burning techniques: Use hard (oak, cherry seasoned wood. Seasoned wood has 20% or less moisture, dark colored with cracked ends, light in weight, and should be used 6 to12 months after splitting. Wet wood does not burn efficiently and causes more smoke. Use alternative heating, bio-fuels for stoves.	☐	☐	☐

DUST/MITES/TRACK IN/CLEANING

25. What kind of flooring is in the home?

☐ Carpet	☐ none	☐ some	☐ most	☐ all
☐ Hardwood/laminate	☐ none	☐ some	☐ most	☐ all
☐ Tile	☐ none	☐ some	☐ most	☐ all
☐ Vinyl/linoleum	☐ none	☐ some	☐ most	☐ all
☐ Rugs	☐ none	☐ some	☐ most	☐ all
☐ Other:	☐ none	☐ some	☐ most	☐ all

26. Is there a working vacuum in the house?

☐ Yes, what kind: ☐ No ☐ Not sure ☐ N/A

- ☐ Regular bag
- ☐ Regular bag-less
- ☐ High efficiency/dust sensor
- ☐ HEPA high efficiency
- ☐ Other: _____

27. Are slipcovers or sheets used on upholstered furniture?

☐ Yes, some ☐ Yes, most or all ☐ No

28. How do you clean your area rugs?

☐ No area rug ☐ Vacuum ☐ Shake or sweep

☐ Don't clean ☐ Wash ☐ Other: _____

29. Are allergen covers used on mattresses and/or pillows?

☐ No ☐ Yes, on some ☐ Yes, on all

30. How often is bedding changed and washed?

- ☐ once a week or more
- ☐ once every two weeks
- ☐ once every month
- ☐ longer than once a month

31. What temperature setting is normally used to wash bedding?

☐ Hot ☐ Warm ☐ Cold

32. Are decorative pillows or stuffed toys used by any children in the home?

☐ No ☐ Yes

33. If curtains/drapes present, how are they cleaned?

☐ Shake them ☐ Wash in machine

☐ Vacuum ☐ Not cleaned

☐ N/A ☐ Other: _____

34. If shades/blinds present, how are they cleaned?

☐ Feather duster ☐ Water (hose/bathtub/spray bottle)

☐ Damp cloth or microfiber ☐ Not cleaned

☐ N/A ☐ Other: _____

35. How is tracked in dirt and debris handled?

☐ Door mats ☐ Remove shoes at the door ☐ Nothing ☐ Other: _____

36. Do outside doors have mats?

☐ No ☐ Yes, how many: __/____

37. If door mats are present, how are they cleaned?

☐ Wash in the machine ☐ Vacuum ☐ Beat outside/swept ☐ Hose

☐ Not cleaned ☐ N/A ☐ Other: _____

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.			
Key Messages About Dust/Mites/Track In/Cleaning	**Recommend**	**Compliant**	**Does Not Apply**
Vacuum and/or sweep thoroughly and often (at least weekly). Including under furniture and beds.	☐	☐	☐
Use a high efficiency vacuum with a HEPA filter if possible. Sweep with a static cling or microfiber dust mop rather than a broom to trap dust and debris. Damp or wet mop, using non-toxic floor cleaner or just water.	☐	☐	☐
Use a damp or microfiber/static cling cloth to dust. Start from the top of furniture/windows, and work your way down.	☐	☐	☐
Empty canisters or replace bags outside and before they are full.			
Remove sensitive persons from the room if possible while cleaning. If not possible, sensitive persons can wear a dust mask.	☐	☐	☐
Use slipcovers or sheets on furniture and wash them in hot water. Consider switching to leather or non-upholstered furniture if highly sensitive to dust.	☐	☐	☐
Cover pillows and mattresses with zippered allergen covers	☐	☐	☐
Change and wash bedding in hot water at least twice a month.			
If possible, wash decorative pillows and stuffed toys in hot water every 3 months. If not washable, place in dryer for 30 minutes or in freezer for 24 hours. Limit the number of decorative pillows and stuffed toys in the bedrooms.	☐	☐	☐
Use door mats inside and outside of all doors. Create a shoe off policy if possible. Clean mats at least once every 3 months.	☐	☐	☐

MOISTURE CONTROL/MOLD

38. Are there any signs of water damage, moisture, or leaks in the home?

☐ No ☐ Yes, where:_____ ☐ Not sure

39. Have/has there been any ŴŜŎŜyű water damŀ·ƎŜΣ moisture, orleaks in the home?

☐ No ☐ Yes, where:_____ ☐ Not sure

40. Is there any method to measure humidity in the home?

☐ No ☐ Yes, what: _____ ☐ Not sure

41. Are there any signs of mold or mildew (walls, windows, bathtub, closets, etc.)?

☐ No

☐ Yes, but only in limited spots. Where: _____

☐ Yes, in large areas or in many places within the home. Where? _____

42. Do windows other than in the bathroom and kitchen fog up?

☐ No ☐ Yes, where:_____ ☐ Not sure

43. Does the bathroom window or mirror stay fogged up for more than 15 minutes after the shower is used?

☐ No, in how many bathrooms: _____ ☐ Yes, in how many bathrooms: _____

44. Is there standing water present anywhere in the home (refrigerator/air conditioner drip pans, excessive houseplants, an aquarium, and/or under sinks)?

☐ No ☐ Yes ☐ Not sure

45. If a dishwasher is present, is it properly ØŜyűŜŘ ØKŜyʹlyʹʤžŜ?

☐ No ☐ Yes ☐ Not sure

46. If a clothes dryer present, is it properly vented to the outside?

☐ No ☐ Yes ☐ Not sure

47. Is there a working exhaust fan over the stove that is vented to the outside?

☐ No ☐ Yes, where:_____ ☐ Not sure

48. Is there a working exhaust fan in the bathroom(s) that is vented to the outside?

☐ No, in how many bathrooms: _____ ☐ Yes, in how many bathrooms:_____

49. Are the roof and gutters in good condition?

☐ No ☐ Yes, some ☐ Yes, all ☐ Not sure

50. Is the basement or crawl space well ventilated (are there unobstructed openings/vents around the foundation of the house)?

☐ No ☐ Yes ☐ Not sure ☐ N/A (apartment building)

51. Do the basement / crawl space have a moisture barrier on the soil surface?

☐ No ☐ Yes ☐ Not sure ☐ N/A (apartment building)

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.			
Key Messages About Moisture Control/Mold	**Recommend**	**Compliant**	**Does Not Apply**
Fix water leaks as soon as possible. Replace absorbent materials such as ceiling tiles or carpet if mold is present.	☐	☐	☐
Monitor humidity levels in the home by purchasing an inexpensive hygrometer. Levels should remain between 30% and 50% humidity.	☐	☐	☐
Scrub mold and mildew with soap and hot water. Keep the area dry to prevent mold from growing again.	☐	☐	☐
Avoid leaving excess water in plants, empty drip pans weekly, clean up spills, and use lids on aquariums.	☐	☐	☐
Keep the inside of the house dry with ventilation. Open doors to dry floors and walls. Crack open windows to dry windowsills, pull furniture away from walls to let air flow through, and open closets often.	☐	☐	☐
Properly vent all moisture producing appliances to the outside. Clean dryer vents and refrigerator coils every 3 months. Ensure outside vents are unimpeded.	☐	☐	☐
Always open windows or use exhaust fans when cooking and after bathing for at least 30-60 minutes. Install timers if needed.	☐	☐	☐
Practice moisture-reducing habits. Dry all damp or wet items as soon as possible, cover pots when cooking, pick up piles of wet or damp clothing, dry shower walls after bathing.	☐	☐	☐
Use dehumidifiers, air conditioners and fans when mold or moisture situation is severe.	☐	☐	☐
Keep up with the outside upkeep of the home including proper roof maintenance, cleaning the gutters, opening crawl space or basement vents, and covering crawl space floor with a moisture barrier.	☐	☐	☐

MISCELLANEOUS

52. Does the home contain materials that may release formaldehyde (particleboard in the floor, cabinets, or furniture, exposed carpet padding, etc.)?

☐ No ☐ Yes ☐ Not sure or N/A

53. Does the home show signs that it may contain asbestos (furnace insulation or popcorn ceiling installed before 1980, etc.)?

☐ No ☐ Yes ☐ Not sure or N/A

54. Does the home meet criteria for possibly containing lead (high levels of lead in soil, lead based paint used before 1978, etc.)?

☐ No ☐ Yes ☐ Not sure or N/A

55. Is there an attached garage/carport in the home?

☐ No ☐ Yes

56. Are the common walls/doors between the house and garage/carport sealed and without holes?

☐ No ☐ Yes ☐ Not sure ☐ N/A

57. In cold weather, is the car warmed up in the garage or carport?

☐ No ☐ Yes ☐ Not sure ☐ N/A

58. Are there any hazardous chemicals or toxic materials stored in the garage/carport?

☐ No ☐ Yes ☐ Not sure ☐ N/A

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion.

Key Messages	Recommend	Compliant	Does Not Apply
Remove or seal (using water based polyurethane) any sources of formaldehyde such as bare particleboard. Remove carpet padding if not in use. If using it, cover completely with carpeting and keep dry as much as possible.	☐	☐	☐
If you suspect you home has lead hazards: consult EPA Lead Guide. Clean up paint chips immediately, wash hands often (especially children's); keep children from chewing on painted surfaces. Temporarily or permanently reduce or remove lead hazards from the home.	☐	☐	☐
Use caution when cleaning or painting over materials containing asbestos. Seek professional assistance for remediation if needed. Do not attempt to remove or remodel without speaking to a professional first.	☐	☐	☐
Seal any openings and/or weather strip doors between the house and the garage/carport.	☐	☐	☐
Avoid idling in the garage/carport.			
Avoid storing toxic chemicals or hazardous materials in the garage/carport if possible. If you must, store them at the part of the garage/carport farthest away from the home, seal containers if possible, and ventilate the area.	☐	☐	☐

59. Action Items

Based on what has been discussed, do you think there are any actions you could take immediately?

☐ No ☐ Yes If yes, what would they be?

1. _____

2. _____

3. _____

4. _____

5. _____

60. Please tell us about everyone that lives in your home, beginning with yourself.

Name:			
Gender:	☐ Male	☐ Female	
Age:	☐ 0-10 ☐ 25-35 ☐ 60-80	☐ 10-18 ☐ 35-45 ☐ 80+	☐ 18-25 ☐ 45-60
Years lived at this address:	☐ 0-5 ☐ 25-40	☐ 5-15 ☐ 40+	☐ 15-25
Asthma?	☐ No	☐ Yes	
Severe Allergies?	☐ No	☐ Yes	
Respiratory Distress?	☐ No	☐ Yes	
Tobacco Use? If yes, how much?	☐ No	☐ Yes	
Other Health Concerns?	☐ No	☐ Yes	

Name:			
Gender:	☐ Male	☐ Female	
Age:	☐ 0-10 ☐ 25-35 ☐ 60-80	☐ 10-18 ☐ 35-45 ☐ 80+	☐ 18-25 ☐ 45-60
Years lived at this address:	☐ 0-5 ☐ 25-40	☐ 5-15 ☐ 40+	☐ 15-25
Asthma?	☐ No	☐ Yes	
Severe Allergies?	☐ No	☐ Yes	
Respiratory Distress?	☐ No	☐ Yes	
Tobacco Use? If yes, how much?	☐ No	☐ Yes	
Other Health Concerns?	☐ No	☐ Yes	

Name:			
Gender:	☐ Male	☐ Female	
Age:	☐ 0-10 ☐ 25-35 ☐ 60-80	☐ 10-18 ☐ 35-45 ☐ 80+	☐ 18-25 ☐ 45-60
Years lived at this address:	☐ 0-5 ☐ 25-40	☐ 5-15 ☐ 40+	☐ 15-25
Asthma?	☐ No	☐ Yes	
Severe Allergies?	☐ No	☐ Yes	
Respiratory Distress?	☐ No	☐ Yes	
Tobacco Use? If yes, how much?	☐ No	☐ Yes	
Other Health Concerns?	☐ No	☐ Yes	

Name:			
Gender:	☐ Male	☐ Female	
Age:	☐ 0-10 ☐ 25-35 ☐ 60-80	☐ 10-18 ☐ 35-45 ☐ 80+	☐ 18-25 ☐ 45-60
Years lived at this address:	☐ 0-5 ☐ 25-40	☐ 5-15 ☐ 40+	☐ 15-25
Asthma?	☐ No	☐ Yes	
Severe Allergies?	☐ No	☐ Yes	
Respiratory Distress?	☐ No	☐ Yes	
Tobacco Use? If yes, how much?	☐ No	☐ Yes	
Other Health Concerns?	☐ No	☐ Yes	

Name:			
Gender:	☐ Male	☐ Female	
Age:	☐ 0-10 ☐ 25-35 ☐ 60-80	☐ 10-18 ☐ 35-45 ☐ 80+	☐ 18-25 ☐ 45-60
Years lived at this address:	☐ 0-5 ☐ 25-40	☐ 5-15 ☐ 40+	☐ 15-25
Asthma?	☐ No	☐ Yes	
Severe Allergies?	☐ No	☐ Yes	
Respiratory Distress?	☐ No	☐ Yes	
Tobacco Use? If yes, how much?	☐ No	☐ Yes	
Other Health Concerns?	☐ No	☐ Yes	

Name:			
Gender:	☐ Male	☐ Female	
Age:	☐ 0-10 ☐ 25-35 ☐ 60-80	☐ 10-18 ☐ 35-45 ☐ 80+	☐ 18-25 ☐ 45-60
Years lived at this address:	☐ 0-5 ☐ 25-40	☐ 5-15 ☐ 40+	☐ 15-25
Asthma?	☐ No	☐ Yes	
Severe Allergies?	☐ No	☐ Yes	
Respiratory Distress?	☐ No	☐ Yes	
Tobacco Use? If yes, how much?	☐ No	☐ Yes	
Other Health Concerns?	☐ No	☐ Yes	

ASSESSOR

A. Explain basic facts about Asthma:

1. The role of inflammation in a person with asthma compared to a person without asthma.
2. What happens to a person's airways during an asthma attack.

B. Have each person with asthma fill out the "ACT" appropriate for their age.

C. Explain what "well controlled" means.
Asthma patients are considered to have "well controlled asthma" when:

1. Daytime symptoms are fewer than two days per week ***AND***
2. Waking up at night from asthma symptoms occurs less than two times a month ***AND***
3. There are no limitations of activities

61. Do those with asthma have their asthma "well controlled"?

☐ No, how many: _____

List anyone with asthma who ***does not*** have control over his or her respiratory condition:

_____

_____

_____

☐ Yes, how many: _____

List anyone with asthma who ***does*** have control over his or her respiratory condition:

_____

_____

_____

62. Questions for Children with Asthma - or circle: N/A

During the past **2 weeks, how many days of school/daycare** did your child miss due to asthma?	**4+ 3 2 1 0** *(Circle One)*
During the past **2 weeks, how many asthma symptoms free** days did you have?	**4+ 3 2 1 0** *(Circle One)*
In the **last year, how many times** has your child been visited the Emergency Room or been hospitalized due to asthma?	**4+ 3 2 1 0** *(Circle One)*
In the **last year, how many times** has your child visited Urgent Care or had a same day visit with your provider due to asthma?	**4+ 3 2 1 0** *(Circle One)*

63. Questions for Adult with Asthma - or circle: N/A

During the past **2 weeks, how many days** of work did you miss due to asthma?	**4+ 3 2 1 0** *(Circle One)*
In the **last year, how many times** have you been hospitalized due to asthma?	**4+ 3 2 1 0** *(Circle One)*
In the **last year, how many times** have you visited the Emergency Room due to asthma?	**4+ 3 2 1 0** *(Circle One)*
In the **last year, how many times** have you visited Urgent Care or had a same day visit with your provider due to asthma?	**4+ 3 2 1 0** *(Circle One)*

64. On average, per week, how often do you use your control (long acting steroid) med. as prescribed?

- ☐ As Prescribed- All doses are taken per week
- ☐ 5- 6 days per week
- ☐ 3-4 days per week
- ☐ 1-2 days per week
- ☐ Not at all
- ☐ Have not been prescribed control medication

ASSESSOR:

Ask to see medications used to treat the person severe to moderate asthma. Record those with asthma and control/rescue medications they are currently using and the dosage.

65. Controller Medications

Name: _____

Controller Medications & Dose:

_____ _____

_____ _____

ASSESSOR

When asking the following question, has the person with asthma demonstrate their inhaler/spacer. Instruct as needed to ensure appropriate technique.

Have they been shown correct technique by their medical provider?

66. Has the person (or caregiver(s) of child) with asthma been shown how to correctly use their medication(s) by their provider? OR

Does the person (or caregiver(s) of child) with asthma has confidence in correctly using their medication?

- ☐ No
  If no, please demonstrate how to use inhaler/spacer correctly.
- ☐ Yes
  If, the person is an asthmatic child, does caregiver(s) and/or child (if old enough) correctly use their inhaler/spacer.

67. **Has a health care provider developed an ASTHMA ACTION PLAN and reviewed it with the person with asthma?**

☐ Yes ☐ No ☐ Already has one

ASSESSOR: If no, provide another Action Plan and encourage client to discuss it with a health care provider. Explain what an Action Plan is and give one to the resident to take to a health care provider.

Review the following actions:

- ✓ Take daily actions to control asthma
- ✓ Assess level of asthma control
- ✓ Monitor symptoms
- ✓ Recognize early signs and symptoms of worsening asthma
- ✓ Adjust rescue medication in response to signs of worsening asthma
- ✓ When to seek medical care

TOBACCO SMOKE (SECOND HAND, THIRD HAND SMOKE)

68. Does the person with asthma smoke tobacco? ☐ N/A ☐ No ☐ Yes, how often:_____

If yes, has this person tried to quit smoking in the past year? ☐ N/A ☐ No ☐ Yes, how many times:_____

69. Does anyone else in the household smoke cigarettes? ☐ N/A ☐ No ☐ Yes, how often:_____

70. What is the rule about smoking in your home?

☐ No one is allowed to smoke anywhere in my home, ever.
☐ Smoking is allowed. How often/circumstances?

71. What is the rule about smoking in your car?

☐ No one is allowed to smoke in my car ever.
☐ Smoking is allowed. How often/circumstances?
☐ N/A (no vehicle)

72. Do you want to quit using tobacco in the next 20-30 days? ☐ No ☐ Yes

ASSESSOR: If YES, provide Brief Tobacco Intervention Skills (BTIS) 2 A's and an R

1. **Ask** about tobacco use, and if ready to quit within 20-30 days
2. **Advise** to quit
3. **Refer** to appropriate service provider (1-800-QUIT-NOW or QUITLINE.COM)

Talking Points

- Every time you quit is a success/learned something new each time
- Takes 1-3 days to quit
- First 3 to 4 days are most difficult to overcome the nicotine addiction

ASSESSOR : Discuss any suggestions that apply to the resident. Check one box for every suggestion. If applicable, do Brief Tobacco Intervention to Assess willingness to quit.

Key Messages About Tobacco Smoke	Recommend	Compliant	Does Not Apply
Use the quit-line (1-800-QUIT-NOW) or talk to a healthcare provider for support in quitting smoking. The quit-line is only available to people that are eligible for Medicaid services.	☐	☐	☐
Do not smoke/ do not allow other people to smoke in the home and/or vehicle.	☐	☐	☐
When smoking outside, keep nearby doors and windows of the home closed.	☐	☐	☐
Use a smoking jacket when you smoke outside. Remember to leave it outside, on the porch, or in the garage.	☐	☐	☐

Assessor:

Length of Assessment:

☐30 – 60 minutes
☐60 – 90 minutes
☐90 – 120 minutes
☐120 + minutes

IHS Yakama Service Unit
Asthma Home Visiting Program