

# Pre-Screen

<b>Case ID</b>	488
<b>Date Enrolled</b>	<input type="text"/> Y-M-D
<small>* must provide value</small>	YYYY-MM-DD
<b>Referring Agency</b>	<input type="text"/>
<small>* must provide value</small>	
<b>What is the external identification? (LDH ID, clinic doctor, program, etc)</b>	<input type="text"/>
	case # from LDH
<b>Staff Assigned</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Patient Name</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Name of person completing survey</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Relationship to Patient</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Number of residents in the home</b>	<input type="text"/>
<small>* must provide value</small>	
<b>How many children, under the age of 16, are in the home?</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Phone Number</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Alternative Phone</b>	<input type="text"/>
<b>Email address please ask for one</b>	<input type="text"/>
<b>Home address:</b>	<input type="text"/>
<small>* must provide value</small>	to mail stuff
<b>Preferred Contact Method for Study Reminders</b>	<input type="text"/>
<small>* must provide value</small>	
<b>Primary Language?</b>	<input type="text"/>
<small>* must provide value</small>	If you use a translator include the ID info here
<b>What clinic does the patient go to for Asthma care?</b>	<input type="text"/>
<b>Does the patient have health insurance?</b>	<input type="text"/>
<b>Has anyone who spends 3+ days a week or lives in the home (e.g.: a grandparents, sitter, health aid, or the residents themselves) been diagnosed with asthma?</b>	<input type="radio"/> Yes <input type="radio"/> No

## Asthma Control Evaluation

<b>How many times in a typical week have you used a rescue inhaler (e.g. albuterol, Pro-air, Ventolin or Xopenex)?</b>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 or more
<small>* must provide value</small>	
<b>How many times in a typical week do you awaken at night with asthma symptoms or a cough?</b>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 or more
<small>* must provide value</small>	
<b>Have you had to fill your rescue medicine (e.g. albuterol, pro-air, Ventolin, or Xopenex) more than 2 times in a year?</b>	<input type="radio"/> Yes <input type="radio"/> No
<small>* must provide value</small>	

Have you had 2 or more Emergency Room visits AND/OR 1 or more Hospitalizations for asthma in the the last six months?

\* must provide value

- ☐ Yes
- ☐ No

How many days of work days and/or school days (choose one or both) have you missed in the past 4 weeks due to asthma?

\* must provide value

- ☐ 1 day or less of school
- ☐ 2-5 days of school
- ☐ more than 5 days of school
- ☐ 1 day or less of work
- ☐ 2-5 days of work
- ☐ more than 5 days of work

Do you suffer from allergies/hay fever (runny nose, itchy eyes, etc.)?

\* must provide value

- ☐ Yes
- ☐ No

Are there particular place(s) that you find your asthma symptoms have been worse in the past 4 weeks?

\* must provide value

- ☐ Home
- ☐ Workplace
- ☐ School
- ☐ Other
- ☐ N/A

Have you (or your child) received the flu vaccine in the past year?

- ☐ Yes
- ☐ No

Have you (or your child) received any of the following vaccines?

- ☐ Tdap
- ☐ Meningococcal B (meningitis)
- ☐ Pneumococcal (Pneumonia)
- ☐ COVID-19

On a scale of 1-5 ( where 1= not at all and 5= a lot) how much do you feel ASTHMA has affected your quality of life in the past two weeks?

Consider, for instance, the number of missed work/school days due to asthma, lost productivity, how often you felt limited in your activities (e.g., exercising, running, gardening, cleaning, etc.), and/or how often your mental health has been affected due to asthma (e.g., if you felt sad, depressed, ?left out?, ?different?, anxious or frustrated because of asthma).

\* must provide value

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

Asthma Control Score

0

Environmental Evaluation

In your home, which best describes the level of dust buildup on surfaces?

\* must provide value

- ☐ no dust buildup
- ☐ slight buildup
- ☐ moderate buildup
- ☐ heavy buildup

In the past 30 days have you seen or smelled mold/must, or experienced water leaks/ damage, or drips in your home?

\* must provide value

- ☐ Yes
- ☐ No

Do you have a problem with pests (mice, rats, cockroaches, etc.) in your home now, or have you in the past 3 months?

\* must provide value

- ☐ Yes
- ☐ No

How is your home heated?

\* must provide value

- ☐ radiators
- ☐ baseboard heater
- ☐ fireplace/wood stove
- ☐ forced hot air (vents)
- ☐ space heater
- ☐ other
- ☐ N/A
- ☐ central A/C
- ☐ Fans
- ☐ window A/C or portable units
- ☐ evaporative cooler
- ☐ other
- ☐ N/A

How is your home cooled?

\* must provide value

Has anyone smoked in the home in the past 7 days?

\* must provide value

- ☐ Yes
- ☐ No

score 2 if yes.

What type of stove (cook top) do you have?

\* must provide value

- ☐ gas
- ☐ electric
- ☐ N/A

score 1 if gas

Do you open a window or use an exhaust fan when cooking on the stove?

\* must provide value

- ☐ Yes
- ☐ No
- ☐ N/A

Do you have any furry or feathered pets?

\* must provide value

- ☐ Yes
- ☐ No

Do any of the following chemicals in your home have a strong odor that irritates your asthma?

\* must provide value

- ☐ cleaning products containing bleach or ammonia
- ☐ air fresheners, scented candles, incense
- ☐ pesticides
- ☐ paint products, solvents, glue
- ☐ NONE

Environmental Risk Score

0

Composite Score

Virtual Visit >= 4  
(>=2 Asthma and >=2 Environmental)

0

(scores < 4 materials provided via email)

Do I have your consent to email/mail you educational information to help control your asthma by making small changes to your indoor environment?

\* must provide value

- ☐ Yes
- ☐ No

Form Status

Complete?

Incomplete ▼