

Pre-Screen

Case ID

Date Enrolled

(YYYY-MM-DD)

Referring Agency

- LDH
- Hospital Referral
- Clinic Referral
- Health Insurance Referral
- Medicaid
- Other

What is the external identification? (LDH ID, clinic doctor, program, etc)

(case # from LDH)

Staff Assigned

- Colette Maser
- Angelle Naquin
- Nicole Tagle
- Elora Apantaku
- Pat Leung
- May Paddor
- Matt Melder
- Runa Bakshi
- Brittany Babin
- Tracy Marquette
- Fiona Brasfield
- Solange Paredes

Patient Name

Name of person completing survey

Relationship to Patient

- Self
- Parent
- Adult Care Giver

Number of residents in the home

How many children, under the age of 16, are in the home?

Phone Number

Alternative Phone

Email address
please ask for one

Home address:

_____ (to mail stuff)

Preferred Contact Method for Study Reminders

- phone
 email
 text

Primary Language?

_____ (If you use a translator include the ID info here)

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?

- Yes
 No

Asthma Control Evaluation

How many times in a typical week have you used a rescue inhaler (e.g. albuterol, Pro-air, Ventolin or Xopenex)?

- 0
 1
 2 or more
(score 1 if used ≥ 2 /week)

How many times in a typical week do you awaken at night with asthma symptoms or a cough?

- 0
 1
 2 or more
(score 1 if used ≥ 2 /week)

Have you had to fill your rescue medicine (e.g. albuterol, pro-air, Ventolin, or Xopenex) more than 2 times in a year?

- Yes
 No
(score 1 if yes)

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

- Yes
 No
(Score 1 if response is yes)

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?

- 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.)?

- Yes
 No
(score 1 if yes)

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

- Home
 Workplace
 School
 Other
(score 1 if home is selected)

If other, please describe

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?

- 1 2 3 4
 5

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).

Asthma Control Score

(enter total from answers above)

Environmental Evaluation

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

- no dust buildup
 slight buildup
 moderate buildup
 heavy buildup
(score 1 if buildup reported as moderate or score 2 if heavy)

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

- Yes
 No
(score 1 if yes)

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

- Yes
 No
(score 2 if yes)

How is your home heated?

- radiators
 baseboard heater
 fireplace/wood stove
 forced hot air (vents)
 space heater
 other
 N/A
(score 1 if fireplace)

How is your home cooled?

- central A/C
 Fans
 window A/C or portable units
 evaporative cooler
 other
 N/A
(score 1 if n/a)

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

- Yes
 No
(score 2 if yes.)

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

- gas
 electric
 N/A
(score 1 if gas)

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

- Yes
 No
 N/A
(score 1 if NO or n/a)

Do you have any furry or feathered pets?

- Yes
 No
(score 1 if yes)

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

- cleaning products containing bleach or ammonia
 air fresheners, scented candles, incense
 pesticides
 paint products, solvents, glue
 NONE
(if anything marked add +1 to score)

Environmental Risk Score

(enter total from answers above)

Composite Score

Virtual Visit > 5
(>3 Asthma and >2 Environmental)

(scores < 5 materials provided via email)

Do I have your consent to share your your information with Our Lady of the Lake Hospital so that they may schedule your virtual home visit?

- Yes
 No

Are you interested in being contacted by Louisiana Housing Corporation regarding their free weatherization program which may help your asthma by regulating indoor climate and reducing how much pollutants come in from outdoors? If yes, may we share your information with LHC?

- Yes
 No

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

- Yes
 No