

**Prospective Data Collection Flowsheet**  
 Physician Consortium for Performance Improvement  
 Asthma Core Physician Performance Measurement Set

Provider \_\_\_\_\_

Patient Name or Code \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M  F   
 (mm / dd / yyyy)

Monitoring - Asthma Vital Signs	Date of Initial Visit (mm / dd / yyyy):	Initial Visit <input type="radio"/> Yes <input type="radio"/> No ____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
	Patient completed an asthma assessment tool	<input type="radio"/> Yes (if Yes, skip to the Classification section)	<input type="radio"/> Yes (if Yes, skip to the Classification section)	<input type="radio"/> Yes (if Yes, skip to the Classification section)	<input type="radio"/> Yes (if Yes, skip to the Classification section)
	Daytime asthma signs/symptoms (numeric frequency - over past 2-4 weeks, not just with acute attacks)	____ (#) Per: (circle one) day week month	____ (#) Per: (circle one) day week month	____ (#) Per: (circle one) day week month	____ (#) Per: (circle one) day week month
	Nocturnal asthma signs/symptoms (numeric frequency - over past 2-4 weeks, not just with acute attacks)	____ (#) Per: (circle one) day week month	____ (#) Per: (circle one) day week month	____ (#) Per: (circle one) day week month	____ (#) Per: (circle one) day week month
	Short-acting beta agonists	# puffs used/day: _____	# puffs used/day: _____	# puffs used/day: _____	# puffs used/day: _____
	Frequency of acute attacks/exacerbations	____ (#) Per: (circle one) day week month year	____ (#) Per: (circle one) day week month year	____ (#) Per: (circle one) day week month year	____ (#) Per: (circle one) day week month year
Classification	<b>Classification of Asthma Severity (circle one)</b>	<input type="radio"/> Mild Intermittent <input type="radio"/> Mild Persistent <input type="radio"/> Moderate Persistent <input type="radio"/> Severe Persistent			
	<b>Check all medication types prescribed</b>				
Medications	<b>Quick-Relief Medications</b>				
	Short-acting beta agonists				
	Anticholinergics				
	<b>Long-Term Control Medications</b>	<input type="radio"/> Not prescribed (patient reasons)	<input type="radio"/> Not prescribed (patient reasons)	<input type="radio"/> Not prescribed (patient reasons)	<input type="radio"/> Not prescribed (patient reasons)
	Inhaled corticosteroids				
	Leukotriene modifiers				
	Cromolyn sodium				
	Nedocromil sodium				
	Sustained-release Methylxanthines				
	Long-acting beta agonists				
<b>* Specify patient reasons (e.g. economic, social, religious) for not prescribing therapy)</b>					
<b>Other Medications</b>					