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FORM NAMCS-91

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING A DATA COLECTION ACCEPT ON THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Autional Control For Health Statistics

## NATIONAL AMBULATORY MEDICAL CARE SURVEY 2012 ASTHMA SUPPLEMENT

NOTICE - Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information unless at displays a currently valid OMB control number. Send information Collection Review Office, 1600 Chiton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA(0920-0234).

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Table .			BACK	COHOUND	INFORM	ATION				
A. F	Provider's serial number				C. Census contact name					
1	Provider's specialty ( General/Family Practi	ce al		er-Specify D. Census contact telephone Area code Number						
INT		Commu	inity health centers ake about asthma. ally see. Do not in	Agency are and physic For all the f	conducting ian office s	g a special sur ettings. We ar restions pleas	vey on astn e interested e answer or	tion, and the US ma care provided in in the clinical decision by for patients you by other practitioners		
	Which of the follow Mark (X) all that app 1 0-11 years 2 12-17 years 3 18-24 years 4 25-64 years 5 65 years and all	ly.	ent age groups do	you see?						
4	Which type of syste (e.g., schedule regu   Electronic medic 2 An electronic sy 3 Paper reminder	lar folk cal rece stem s	ow-up visits)? ord-based system eparate from medi	4 [ 5 [	age your patients with asthma  4 Other type of system  5 No system  6 Don't know					
3.	How frequently do y visit checklist) when 1 No form availab 2 Never (0%) 3 Sometimes (1-	asthm ole	e an asthma-specification is the primary re  4 Often (25-74  5 Almost alway)	eason for the (%)	visit?	form (i.e., an	asthma tem	plate or an asthma		

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5.	For each of the following statements, please indicate whether	Mark (X) one box in each row.								
	you agree or disagree:	Strongly agree	Agree	Neutral	Disagree	Strongly				
	<ul> <li>a. Spirometry is an essential component of a clinical evaluation for an asthma diagnosis</li> </ul>	1 1	2	3[]	4	5 🗀				
	<ul> <li>Inhaled corticostercids are the most effective medications to control persistent asthma</li> </ul>	1	2[.]	3[ ]	4[]	5 🗌				
	<ul> <li>Asthma action plans are an effective tool to guide patient self-management efforts</li> </ul>	1□	2	3	4	sL1				
	<ul> <li>Patients with persistent asthma should have follow-up visits at least every 6 months to assess control</li> </ul>	1	2[]	3[ ]s	4	s 🗀				
	<ul> <li>Assessing asthma severity is necessary to determine initial therapy</li> </ul>	1[]	2 3		4	5				
6.	Flease rate your confidence in using the following actions	Mark (X) one box in each row.								
		Very confider	Some confid		Not all I	WA (do not perform)				
	Using spirometry data as a component of a clinical evaluation for an asthma diagnosis	1 1	2		34	4				
	b. Assessing underlying asthma severity using standard criteria	j 1	2[	1	31.]	4				
	c. Prescribing the appropriate dose of inhaled corticosteroids	1	2	1	зП	4				
	d. Evaluating the need to step up controller therapy	1 1 1	2		а□	4				
	e. Evaluating when to step down controller therapy	(LI)	2	Ī.	l le	4				
8.	a ☐ 25–74% (Often)  □ 75–100% (Almost always)  For what percent of asthma visits do you ask about the following items		lark (X) o	na haw i	n oooh e					
	or perform the following tests to assess current asthma control?	0% (Never)	1-24 (Sometin	% 25		5%-100% (Almost always)				
	a. Ability to engage in normal daily activities	1	2 🗆			4[ ]				
	b. Frequency of daytime symptoms	1Ш	2	2	П	4[1]				
	c. Frequency of nightt me awakening	iLl	2	2	П	4				
	d. Patient perception of symptom control	1	2	3	[]	4[]				
	e. Control assessment tool (e.,g Asthma Control Test)	1[]	2[]			4[]				
	f. Frequency of rescue inhaler use (e.g., Albuterol)	الا	2			4[]				
	g. Frequency of exacerbations requiring oral steroids	1	2	3	П	4[7]				
	h. Frequency of patier treport of emergency department or urgent visit for asthma	1	2			4				
	i. Peak flow results from home	111	2	3	п	4				
	j. Spirometry	1.11	2[_]	3		40				
age	2		-		FORM NAME	32-91 (5-3-2011				

9.	For what percent of asthma visits do you use each of the following	Mark (X) one box in each row.							
	strategies to help patients control and manage their asthma?	0% (Never)	1-24% (Sometimes)	25-74%	5-100% (Almost always)		N/A		
	<ul> <li>a. Provide a new or review an existing written asthma action plan outlining medications, triggers, and when to seek emergency care</li> </ul>	. †□	2	3[]	4[]	5			
	<ul> <li>Assessment by history of triggers at home (e.g., pets, mold, tobacco srnoke)</li> </ul>	10	гЦ	зЦ	4[]	5	1.1		
	<ul> <li>Assessment by history of triggers at school (e.g., mold, dust, exhaust) Skip to 9d if you do not see children</li> </ul>	1 1	2[]	зП	4	5			
	d. Ask adult patients about their occupation and place of employment Skip to 9f if you do not see adults	3 D	2[]	зЦ	4LJ	5	11		
	<ul> <li>Assessment by history of triggers at the workplace (e.g., dust, fumes, chemicals) Skip to 9f if you do not see adults</li> </ul>	ıП	2	э□	4[]	5			
	<ol> <li>Testing for allergic sensitivity via skin or allergen-specific IgE (e.g., RAST) testing</li> </ol>	10	2 🗆	зП	4L]	5			
	<ul> <li>a. Assessment of daily use of controller medication (e.g., inhaled corticosteroids) for patients with persistent asthma</li> </ul>	10	2	al.i	4[]	5	П		
	h. Repeated assessment of inhaler technique	1[]	2L]	aLJ	4[]	5			
	i. Referral to a specialist Skip to 10 if you are an asthma/allergy specialist	1		э□	4	5			
10.	Under which circumstances do you make the following recommendate	Mark (X) one box in each row.							
	environmental exposures?		For most asthma patients	Only for pa with sens to this tri	itivity	Rarely or never recommend			
	a. Using dust mite control measures (e.g., mattress covers)			2[_]		al 1			
	b. Controlling household mold and pests (e.g., cockroaches)		1 1	2		3[]			
	c. Removing pets from the home	1□	2 🗆		з□				
	d. Avoiding pollen (e.g., limit outdoor time, close windows)		1 🗆	2[7]		3[]			
	e. Avoiding air pollution (e.g., ozone warnings)	1 1	2		3[]				
	f. Making changes to cooking appliances (e.g., exhaust vents)		10	1 2		34			
	g. Avoiding second-hand tobacco smoke		1	2∐		3.	J		
11.	How do you use the following medications?	Mark (X) ALL that apply on each row.							
		Sympton relief/acul exacerbati	e term contr	g Add on daily contro therapy	For dit to con asth	ntral	Do not use		
	a. Short acting beta agonists (e.g., Albuterol)	1 1 🗆	2[]	al 1	41	411			
	b. Inhaled corticosteroids (ICS)	1	2 🗆	зЦ	4	50			
	<ul> <li>c. Long acting beta agor ists (LABA) (e.g., Serevent/salmeterol, Foradil/formoterol)</li> </ul>	1 11	2[]	3[]	4	1	5□		
	<ul> <li>d. Combination medication that includes both LABA and ICS (e.g., Advair)</li> </ul>	1 1	2_]	31	4L	]	5□		
	e. Leukotriene modifiers (e.g., Singulair/montelukast)	1 🗆	2	2 3 3 T		1	5 🗍		
	f. Anticholinergics (e.g., patropium, tiotropium)	1 1[]	2[]	3 🗆	4	5			
	g. Methylxanthines (e.g., theophylline)	1 1	2	3 🗆	4 [	5 5			
	h. Omalizumab/Xolair	1 1	2[]	з 🗀	4	□ s□			
	i. Short course of oral/injectable corticosteroids	1	2	3[]	3[] 4[		sl l		
	j. Long course of oral corticosteroids (>10 days)	1 🗆	2	аГЪ	41	1	5L)		
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		Do ye use ti strate	nis	No barrier	Poor patient adherence	Low patient health literacy	Not effective	Lack of staff/ equipment	Lack of training	Lack of time	Lack o
		Mark (	X) one			Mark	(X) one t	ox for each	row.		
(a)	Written asthma action plans	1 Yes	2□No	1 🗆	2[]	зП	4□	5	вΠ	7	8[]
(b)	A control assessment tool (e.g., ACT)	ı□ Yes	s□No	1□	2	з 🗆	4	5□	6[7]	7 🗌	8
(c)	Home peak flow monitors	tl ] Yes	al INo	1[]	2	з□	4 🗆	5	6 <u></u>	7	вП
(d)	In-office spirometry	ı∏ Yes	2□No	1[]	2[]	зП	4□	5.	6□	7 🗆	вЦ
(e)	Educating patients to recognize symptoms	ı∐ Yes	z[]No	111	2□	з 🗆	4L]	5( )	6[]	7	в□
<b>(f)</b>	Educating patients to avoid risk factors	ı∏ Yes	2 No	ıП	2[]	зП	4	5	6□	7[_]	аЦ
(g)	Involve patients in treatment decision-making	1□ Yes	2 No	1[]	2	зЦ	4	sЦ	6	7	s[]
(h)	Observe inhaler use by patients	ı□ Yes	2□No	1	2	зП	4[]	5□	6	11	aLl
(i)	Advise patients to change their home environment	ı[]Yes	al INo	11.1	2[]	аШ	4□	<b>5</b> ∐	6[]	70	вП
(j)	Advise employed patients to seek changes in the work environment	₁∐ Yes	2Ll No	الاد	2	зЦ	4□	5[]	eП	7	вП
(k)	Schedule routine follow-up visits to assess asthma control	ı∏Yes	2□No	1 🗆	2	3 🗆	4	5[7]	6∐	7[]	81.1
How	often do vou encounte	er these p	atient co	ncerns	or misunde	rstanding	s	Mark (X)	one box	in each ro	ow.
3. How often do you encounter these patient concerns or misunderstandings about asthma therapies?								er Someti (1–24		Often 5-74%)	Almost always (75–100%
	isunderstanding of med yths (e.g., muscle devel	1[	2		3	41					
(b) Concern about short-term side effects from inhaled corticosteroids (e.g., thrush)								2		зП	4[]
(c) Concern about long-term side effects of inhaled corticosteriods (e.g., delayed growth in children)										зП	4□
(d) Confusion between symptom relief medications and daily control medications										3[]	4[]
	se indicate your role?	Controller		or no CHIC	adily corner		ons 1	1		7.5-1	
1   5	Sample physician Other clinical rcle (e.g. Other office staff	, PA, NP	, RN)								

## CLOSING STATEMENT

Thank you for completing this special survey. We appreciate your time and cooperation.