

## **SAND abstract No. 120 from the BEACH program 2007–08**

### **Management of asthma among general practice patients**

**Organisations supporting this study:** AstraZeneca Pty Ltd (Australia)

**Issues:** The prevalence of asthma in the general practice population; severity of asthma; frequency of general practice visits by patients with asthma; frequency of general practice visits where asthma is managed; time since last asthma visit; medications taken for the management of asthma; type and provider of asthma management at the current encounter.

**Sample:** 2,987 patients from 101 GPs; data collection period: 30/10/2007 – 03/12/2007.

**Method:** Detailed in the paper entitled 'SAND Method 2007–08' on this website: <[www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)>. For this study, severity classes for children and adults were adapted from the NAC Asthma Management Handbook (1998).

#### **Summary of results**

The age distribution of respondents was similar to the distribution for all BEACH encounters, with patients aged 45–64 years accounting for 27.0% of encounters. There were significantly fewer male patients in this study (39.0%, 95% CI: 35.7–42.3) compared with all BEACH encounters (43.7%, 95% CI: 42.9–44.5).

Of the 2,987 respondents, 403 (13.5%, 95% CI: 11.9–15.1) had been diagnosed with asthma. Prevalence among children (0–17 years,  $n=398$ ) was 17.1% (95% CI: 12.7–21.4), and among adults ( $n=2,577$ ) was 13.0% (95% CI: 11.2–14.7). The age-specific rate of asthma was highest for those aged 15–17 years (33.3%), steadily declining to 9.9% of those aged 75 years and over. There was no difference in the prevalence of asthma between males (12.4%) and females (14.2%).

For 80.6% of children with asthma who answered the severity question ( $n=67$ ), severity was 'infrequent'. Of the 330 patients aged 18 years and over with asthma, severity was 'very mild' for 42.7%, 'mild' for 29.4%, 'moderate' for 22.1% and 'severe' for 5.8%.

Of 392 respondents with asthma, 10.2% had not visited a GP for any reason in the previous 12 months, 9.4% had visited once, 28.8% had between 2 and 4 visits, and 51.5% had more than 4 visits. For 396 respondents, 46.2% had not had asthma managed in the previous 12 months, 23.5% once, and 30.3% twice or more. Of 171 respondents who had not had asthma managed in the previous 12 months, 70.2% stated that it was more than 2 years since their asthma had been managed by a GP.

Of 392 respondents who answered the question about medication use, 77.3% were taking at least one of the medications listed; over half (53.6%) a short-acting beta agonist (SABA); and 30.1% a combination inhaled corticosteroid/long-acting beta agonist (ICS/LABA). More than one in five patients (22.7%) were not taking any asthma medication.

Asthma had been managed at 76 of the encounters. Management of asthma by the GP most often involved general questions about asthma (72.4%,  $n=55$ ). Asthma symptoms were discussed with the GP at 65.8% of encounters ( $n=50$ ) and therapy was reviewed at 55.3% ( $n=42$ ). Practice nurses were rarely involved in asthma management at these encounters.

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## **Severity of asthma reference card**

### **Children**

| <b>Severity*</b>    | <b>Common features</b>  |
|---------------------|---|
| Infrequent episodic | Episodes 6-8 weeks or more apart and from 1 to 2 days up to 1-2 weeks duration; usually triggered by URTI or environmental allergen; attacks generally not severe; symptoms rare between attacks; normal examination and lung function except when symptomatic. |
| Frequent episodic   | Attacks <6 weeks apart; attacks more troublesome; minimal symptoms such as exercise induces wheeze between attacks; normal examination and lung function except when symptomatic; commonly troubled through winter months only.                                 |
| Persistent          | Symptoms most days; nocturnal asthma > 1/wk with sleep disturbance; early morning chest tightness; exercise intolerance and spontaneous wheeze; daily use of beta2 antagonist; abnormal lung function; history of emergency room visits or hospital admissions. |

### **Adults**

| <b>Severity*</b> | <b>Common features</b>  |
|------------------|---|
| Very mild        | Episodic  |
| Mild             | Occasional symptoms (up to 2/wk); exacerbations >6-8 weeks apart; normal FEV <sub>1</sub> when asymptomatic   |
| Moderate         | Symptoms most days; exacerbations <6-8 weeks apart which affect day-time activity and sleep; exacerbations last several days; occasional emergency room visit.  |
| Severe           | Persistent; limited activity level; nocturnal symptoms > 1/wk; frequent emergency room visits and hospital admission in past year; FEV <sub>1</sub> may be significantly reduced between exacerbations. |

\* The severity classes are adapted from the NAC Asthma Management Handbook 1998 edition, updated March 2002

# PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **ASTHMA MANAGEMENT**.

You may tear out this page as a guide to completing the following section of forms.

## INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions in the **order in which the patients are seen**.

Please **DO NOT** select patients to suit the topic being investigated.

### Presence of asthma

Please use the tick boxes to advise whether this patient suffers from **asthma**.

If 'no' you should end the questions here.

If 'yes' please answer the following questions about the patient's asthma. You may need to ask the patient or check their notes. If you do not know the exact number please give your best estimations.

### GP visits for asthma management

Please advise the approximate number of occasions when **asthma** was managed during the **past 12 months**, either as the **main or secondary reason** for the patient's visit.

### Content of asthma consultation

If asthma was managed at **today's consultation** please describe the content of the **discussion** about asthma and whether the patient discussed their condition with the **GP**, the **practice nurse** (i.e. what the GP **intends** the practice nurse to discuss), or both.

Please tick **all** options that apply.

### Severity of asthma

Please use the tick boxes to advise the **current severity** of this patient's asthma. Use the '**Severity of asthma reference card**' included in your research pack to estimate the severity level.

### Number of visits to a GP

Please use the tick boxes to advise the approximate **number of times** the patient has consulted a GP for **ANY reason, including asthma management**, during the **past 12 months**. **Do not include today's visit** in this estimation.

### Previous management

If the patient's asthma was **not managed** in the **past 12 months**, please advise how long since the **most recent visit** where asthma was managed.

### Current medication use

Please use the tick boxes to advise the type of **medication** currently being taken by the patient for **asthma management**.

SABA = short acting beta agonist  
LABA = long acting beta agonist  
ICS = inhaled corticosteroid

| <p><b>Has this patient ever been diagnosed with asthma?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → <b>End questions</b></p> <p>BL97B</p> | <p><b>If 'yes' how severe is the patient's asthma?</b><br/>(see cards)</p> <table border="0"> <tr> <td><b>Child</b></td> <td><b>Adult</b></td> </tr> <tr> <td><input type="checkbox"/> Infrequent</td> <td><input type="checkbox"/> Very mild</td> </tr> <tr> <td><input type="checkbox"/> Frequent</td> <td><input type="checkbox"/> Mild</td> </tr> <tr> <td><input type="checkbox"/> Persistent</td> <td><input type="checkbox"/> Moderate</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Severe</td> </tr> </table> | <b>Child</b>             | <b>Adult</b> | <input type="checkbox"/> Infrequent | <input type="checkbox"/> Very mild | <input type="checkbox"/> Frequent | <input type="checkbox"/> Mild | <input type="checkbox"/> Persistent | <input type="checkbox"/> Moderate |  | <input type="checkbox"/> Severe | <p><b>How many times has the patient visited a GP for any reason in the past 12 months (apart from today)?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> 8-10 times</td> </tr> <tr> <td><input type="checkbox"/> Once only</td> <td><input type="checkbox"/> 11-15 times</td> </tr> <tr> <td><input type="checkbox"/> 2-4 times</td> <td><input type="checkbox"/> &gt;15 times</td> </tr> <tr> <td><input type="checkbox"/> 5-7 times</td> <td></td> </tr> </table> | <input type="checkbox"/> None | <input type="checkbox"/> 8-10 times | <input type="checkbox"/> Once only | <input type="checkbox"/> 11-15 times | <input type="checkbox"/> 2-4 times | <input type="checkbox"/> >15 times | <input type="checkbox"/> 5-7 times |  | <p><b>At how many visits was their asthma managed?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> 2-3</td> </tr> <tr> <td><input type="checkbox"/> Once only</td> <td><input type="checkbox"/> 4-6</td> </tr> <tr> <td><input type="checkbox"/> &gt;6</td> <td></td> </tr> </table> | <input type="checkbox"/> None | <input type="checkbox"/> 2-3 | <input type="checkbox"/> Once only | <input type="checkbox"/> 4-6 | <input type="checkbox"/> >6 |  | <p><b>If the patient has NOT had their asthma managed in the past 12 months, how long (approximately) since asthma was last managed?</b></p> <table border="0"> <tr> <td><input type="checkbox"/> &lt; 1.5 years</td> </tr> <tr> <td><input type="checkbox"/> &gt; 1.5 and &lt; 2 years</td> </tr> <tr> <td><input type="checkbox"/> &gt; 2 years</td> </tr> </table> | <input type="checkbox"/> < 1.5 years | <input type="checkbox"/> > 1.5 and < 2 years | <input type="checkbox"/> > 2 years | <p><b>The patient's current asthma medication is:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> SABA</td> <td>(tick all that apply)</td> </tr> <tr> <td><input type="checkbox"/> LABA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ICS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Comb'n ICS/LABA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> None of the above</td> <td></td> </tr> </table> | <input type="checkbox"/> SABA | (tick all that apply) | <input type="checkbox"/> LABA |  | <input type="checkbox"/> ICS |  | <input type="checkbox"/> Comb'n ICS/LABA |  | <input type="checkbox"/> None of the above |  | <p><b>If asthma was managed today how was it discussed and with whom?</b></p> <table border="0"> <thead> <tr> <th></th> <th>GP</th> <th>Practice nurse</th> </tr> </thead> <tbody> <tr> <td>(tick all that apply) General question .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Symptoms .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Therapy review .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Compliance .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Repeat prescription .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asthma action plan .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Device .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Change of therapy .....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |  | GP | Practice nurse | (tick all that apply) General question ..... | <input type="checkbox"/> | <input type="checkbox"/> | Symptoms ..... | <input type="checkbox"/> | <input type="checkbox"/> | Therapy review ..... | <input type="checkbox"/> | <input type="checkbox"/> | Compliance ..... | <input type="checkbox"/> | <input type="checkbox"/> | Repeat prescription ..... | <input type="checkbox"/> | <input type="checkbox"/> | Asthma action plan ..... | <input type="checkbox"/> | <input type="checkbox"/> | Device ..... | <input type="checkbox"/> | <input type="checkbox"/> | Change of therapy ..... | <input type="checkbox"/> | <input type="checkbox"/> |
|--|---|--------------------------|--------------|-------------------------------------|------------------------------------|-----------------------------------|-------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------|---|-------------------------------|-------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|--|-------------------------------|------------------------------|------------------------------------|------------------------------|-----------------------------|--|---|--------------------------------------|--|------------------------------------|---|-------------------------------|-----------------------|-------------------------------|--|------------------------------|--|--|--|--|--|--|--|----|----------------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| <b>Child</b>   | <b>Adult</b>  |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> Infrequent  | <input type="checkbox"/> Very mild  |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> Frequent  | <input type="checkbox"/> Mild   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> Persistent  | <input type="checkbox"/> Moderate   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
|  | <input type="checkbox"/> Severe   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> None  | <input type="checkbox"/> 8-10 times   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> Once only   | <input type="checkbox"/> 11-15 times  |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> 2-4 times   | <input type="checkbox"/> >15 times  |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> 5-7 times   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> None  | <input type="checkbox"/> 2-3  |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> Once only   | <input type="checkbox"/> 4-6  |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> >6  |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> < 1.5 years   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> > 1.5 and < 2 years   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> > 2 years   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> SABA  | (tick all that apply)   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> LABA  |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> ICS   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> Comb'n ICS/LABA   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| <input type="checkbox"/> None of the above   |   |                          |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
|  | GP  | Practice nurse           |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| (tick all that apply) General question .....   | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Symptoms .....   | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Therapy review .....   | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Compliance .....   | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Repeat prescription .....  | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Asthma action plan .....   | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Device .....   | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |
| Change of therapy .....  | <input type="checkbox"/>  | <input type="checkbox"/> |              |                                     |                                    |                                   |                               |                                     |                                   |  |                                 |   |                               |                                     |                                    |                                      |                                    |                                    |                                    |  |  |                               |                              |                                    |                              |                             |  |   |                                      |  |                                    |   |                               |                       |                               |  |                              |  |  |  |  |  |  |  |    |                |  |                          |                          |                |                          |                          |                      |                          |                          |                  |                          |                          |                           |                          |                          |                          |                          |                          |              |                          |                          |                         |                          |                          |