



Follow up Navigator Questionnaire V3

1. What type of health insurance does [student name] have? *(If not already provided?)*

- ☐ Medicaid
- ☐ CHP+
- ☐ Private
- ☐ CICP (Colorado Indigent Care Program)
- ☐ CHS (Discount Program)
- ☐ No Health Insurance

Please help us understand what tools you have to manage your child's asthma.

2. Were you able to get a written Asthma Action Plan from [student name]'s provider? *(only if they didn't have in Visit 1 or 2)*

- ☐ Yes
- ☐ No
- ☐ Don't know

Why not? _____

3. Were you able to provide a completed and signed CO Asthma Care Plan for School? *(only if they didn't have in Visit 1 or 2)*

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ N/A

Why not? _____

4. Does [student name] have an inhaler at school? *(only if they didn't have in Visit 1 or 2)*

- ☐ Yes
- ☐ No

Why not? _____

5. Does [student name] use a holding chamber/spacing device at school for MDI? *(only if they didn't have in Visit 1 or 2)*

- ☐ Yes
- ☐ No
- ☐ N/A
- ☐ Don't know

Why not? _____

6. If there have been any changes with Caregiver 1 or 2's contact information, please provide those changes: _____

7. If there have been any changes to [student name]'s health care provider, please provide those changes: _____

8. If there have been any changes to [student name]'s asthma medications, please describe what medication has changed: _____



9. Has a controller medication been changed?

- ☐ Yes →
- ☐ No

What are the changes? *(check all that apply)*

- ☐ A new controller medication added
- ☐ Controller medication does increased
- ☐ Controller medication does decreased
- ☐ Steroid burst

10. In the past 2 weeks, has [student name] missed any doses of their controller medications?

- ☐ Yes →
- ☐ No

10a. Number of days missed taking controller medication: _____

10b. What are the reasons for missing daily controller medication?
(check all that apply)

- ☐ Forgot to give
- ☐ Child is better
- ☐ Didn't need anymore
- ☐ Afraid to become dependent
- ☐ Didn't understand instruction
- ☐ Complicated method
- ☐ Side effects
- ☐ Inhaler was empty
- ☐ Expensive
- ☐ Medicine not working
- ☐ Child not cooperating/doesn't want to take
- ☐ Child fell asleep
- ☐ No meds – at other parent's house
- ☐ Other: _____

10c. Notes about missed controller meds *(missing doses of more than one controller, additional information about missed doses, etc.)*

Managing Asthma Triggers (Irritants and Allergies: Please help us understand how you manage asthma triggers)

11. What are the five physical activities that trigger [student name]'s asthma the most?



12. On our last call, you mentioned [state all triggers]. How do you manage each of these triggers?

Adverse Events

13. Since last time we talked, how many times has [student name] visited the ER/urgent care or had an urgent doctor's office visit for asthma?

- | | |
|-------------------------|------------------------------------|
| ☐ 0 | ☐ 7 |
| ☐ 1 | ☐ 8 |
| ☐ 2 | ☐ 9 |
| ☐ 3 | ☐ 10 |
| ☐ 4 | ☐ More than 10 |
| ☐ 5 | ☐ Don't know |
| ☐ 6 | |

14. In the past 4 weeks, how often has [Student Name] had coughing, trouble breathing, or wheezing during the day?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10
☐ More than 10
☐ Don't know

14a. If more than 0, how many days was [student name] hospitalized more?

- ☐ 1-2 days
☐ 3-4 days
☐ 5 or more days

14b. Did [student name] need to be treated in the Intensive Care Unit?

- ☐ Yes
☐ No
☐ Don't know

Was [student name] intubated (meaning a tube in the throat to help them breathe)?

- ☐ Yes
☐ No

15. Was [student name] hospitalized for a condition/reason not related to asthma?

- ☐ Yes
☐ No

Can you tell me about the reason and for how long [student name] was hospitalized?? _____



Other Questions: There are just a few more questions I would like to ask you.

16. At our previous visits you identified your goals for asthma control [list goals]. What level of progress do you feel has been made?

- ☐ No progress
- ☐ Some progress
- ☐ Good progress
- ☐ Goal achieved

17. If your goals have not been attained, tell me about what is working and what is not, and areas of frustration or challenge: _____

18. Are there any new goals you would like to add?

- ☐ Yes →
- ☐ No

What are the new goals? _____

Final notes: _____

Approximate time needed to complete this form with family: _____