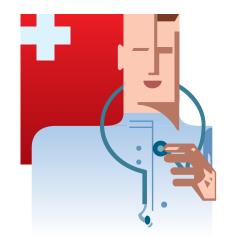
Patient Education Material Assessment Tool

he following assessment tool is adapted from the Chicago Asthma Consortium Patient Education Materials Evaluation Tool and is designed to assist professionals providing asthma education services in selecting materials most suited to their clients.

Listed below are key topics and items that ideally should be covered in patient education materials for asthma. A check list is provided to indicate whether an educational material under review includes a particular item, or includes an item but needs further clarification or does not include a particular item.

The assessment tool can either be used in its entirety (for example, to assess the comprehensiveness of a complete asthma curriculum) or in parts (for example, to assess an educational piece on a particular topic e.g., triggers, asthma medication, asthma management plan, etc.). The assessment tool can also aid in developing materials by identifying topics to be included in a new education piece. In either case, the purpose is to ensure patients are receiving accurate and comprehensive information to help them control their asthma.



Definition of Asthma	Includes	Includes, but needs further clarification	Does not Include	NA
Airway hyper-reponsiveness			·····	
Airway obstruction				
Airway inflammation				
What Happens in an Asthma Episode				
Airway lining swells/becomes inflamed and produces more mucus				
Muscles around the airways tighten, making the opening in the airways smaller				
What is Asthma Control?				
No sleep disruption by asthma				
Rarely miss school or work				
No or minimal need for emergency visits				
No or minimal need for hospitalizations				
Maintain normal activity levels (e.g. children able to play)				
Normal or near-normal lung function			······	
Be satisfied with asthma care received		······		·····
Have no or minimal side effects while receivingoptimal medications				
Not needing rescue or quick relief medication morethan two times a week or two canister per year on a routine basis				

Promote self-management of asthma by: Taking daily medications for long-term control as prescribed Using metered-dose inhalers, dry powder inhalers, spacers and nebulizers correctly Monitoring peak flow and/or symptoms Following the written action plan when symptoms occur Identifying and controlling factors that make asthma worse: asthma triggers Obtaining regular medical care. Committing to smoking cessation.	Includes, but Does not NA needs further Include
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worse: asthma triggers Obtaining regular medical care	
Committing to smoking cessation	
Obtaining asthma education as needed	
Barriers to adherence addressed such as:	
Inability to access asthma care	
Inability to obtain prescriptions	
Lack of transportation	
Language/cultural barriers	
Inadequate food	
Inadequate housing	
Other financial concerns	
Need for counseling, family conflict,	
family violence, history of abuse	
Triggers	
Definition of triggers	
Categories and Examples:	
Allergens – dust mites, mold, animal dander, cockroaches, pollen	
Irritants – tobacco smoke, cold air, perfumes and strong odors, pollution	
Respiratory infections – bacterial or viral	
Exercise	

Triggers (continued)	Includes	Includes, but	Does not	NA
		needs further clarification	Include	
Emotional influences/stress				
Weather changes				
Other – food additives, Gastric EsophagealReflux Disease	······			
Identifying Patient-Specific Triggers	······			
Controlling Triggers				
Avoidance of triggers, including smoking cessation				
Ways to control exercise-induced asthma(or bronchospasm), or for children, asthma triggered by active playing.				·······
Environmental Triggers				
(home, school, & workplace)				
Tobacco smoke: active (by patient) and passive(second-hand smoke)				
Heating sources: oil, gas, electric, wood, coal, etc.				
Heat distribution: water, steam, hot air, etc				
Methods of cooking: gas, electric, wood, etc				
Environmental allergens and irritants (see triggers above)				
Increase risks on Ozone Action Days				
Family or Caregiver Support/Responsibilities				
Psychosocial issues				
Reducing second-hand smoke	_	_	_	_
Eliminating triggers				
Supporting patient self-management:				Ü
Following the asthma management plan				
Obtaining regular medical care				
Obtaining needed medications and devices				
Participating in asthma educational opportunities				
Defining responsibility for following patient'streatment plan (caregiver vs. child responsibilities)				

Signs and Symptoms	Includes	Includes, but needs further clarification	Does not Include	NA
Coughing		·····		
Wheezing				
Shortness of breath				
Tightness in the chest		·····		
Increase in respiratory rate			_	
Drop in peak flow	_	_	_	
Exercise or active playing intolerance/limitation		_		_
Behavior change (e.g. anxiety, irritability)				
Runny nose				
Nocturnal awakening		_		
Frequency of reliever medication use				
What Patients Should Expect From Their Health Care Provider				
Health Provider Should: Give specific printed instructions and verbalexplanation of medication regarding dose, timing, and techniques of administration				
Demonstrate and monitor use of devices				······
Perform objective assessment of lung function(e.g., spirometry, pulmonary function testing)				
Check peak flow/inhaler technique at each visit		·····		·····
Provide referral to asthma education and othercommunity resources as needed	······			······
Asthma Medications				
Explain Long-term control medications				
Inhaled corticosteriods(i.e., Flovent, Pulmicort, Aerobid, Azmacort, etc.)				
Cromolyn (Intal)				
Nedocomil (Tilade)	_	_		
Long-acting inhaled beta-agonists (Serevent or Foradil)		_		

Asthma Medications (continued)	Includes	Includes, but needs further clarification	Does not Include	NA
Methylxanines (theophylline)				
Leukotriene modifiers (Zyflo, Accolate or Singulair)				
Systemic corticosteriods		·····		
Explain Quick-relief medications				·····
Short-acting beta-agonists (albuterol, Ventolin, Proventil, Maxair, Xopenex, etc.)				
Inhaled anticholinergics (Atrovent)				·····
Systemic corticosteroids		·····		
Explain Combination therapy				·····
Advair (Flovent and Serevent)				
Combivent (Atrovent and albuterol)				
Other combination therapies		······		
Explain Generic and brand-name medications				
Indications for use of medications		······		
Therapeutic and potential side effects from medications			·····	
Peak Flow Meter and Monitoring	J			
Recommendations for peak flow use(i.e., patients with moderate or severe persistent asthma)				
What a peak flow meter measures				
Limitations of peak flow monitoring				·····
Why it is necessary to use a peak flow meter				
How to use a peak flow meter				
Peak flow zones (green, yellow, red)	_	_	_	
Peak flow diary				
How to determine personal best	_			

Asthma Diary	Includes	Includes, but needs further	Does not Include	NA
Purpose of using the diary:		clarification		
Documents events since last visit		·····		······
Reminds and tracks medicine intake and dosage change			······	
Tracks symptoms and/or peak flow			······	
Promotes recognition of symptoms and early warning signs		·····		
Displays a pattern of asthma episodes and theirpossible triggers				
Asthma Management Plan				
Describes asthma management plan and its importance				
Describes components of an asthma management plan:				
Describes asthma peak-flow and/or symptom zones (green, yellow and red), including recommended actions to take in each peak flow/symptom zone				
Provides clear examples of zone management,				
Lists symptoms/warning signs indicating the need for closer monitoring or acute care				
Lists Emergency telephone numbers				
Provides sample asthma management plans		·····		
Describes importance of sharing asthma management plan with school, day care, work site, and care givers.				
Medical Devices and Products				
Description and instructions for proper techniqueof asthma medications and devices (eg. MDI, spacer, holding chambers, DPI, nebulizer)				
Instructions for pediatric devices (eg. Using a spacer with face mask, using a nebulizer with or without a face mask, etc.)				
Instructions to assess/track the amount ofmedication remaining in an inhaler				
Proper inhaler use with and without a spacer,valve holding chamber and other ancillary devices (including open mouth technique)	······			
Environmental mask				
Allergy-proof mattress bed coverings				

School Issues	Includes	Includes, but needs further clarification	Does not Include	NA
Asthma management plans			······	
Brief description of asthma			·····	······
Asthma triggers in the school setting	_	_	_	······
Indoor air quality in schools (potential problems,assessment, & remediation)	_		_	
Asthma signs and symptoms			·····	
When a child should stay home from school				
Guidelines to participating in school activities, including field trips, after school and extracurricular activities				
Asthma medications				
Access to medications				
What to do when an asthma episode occurs				
When to seek emergency assistance (asthma first aid)				
Who to contact in an emergency	\sim			
Importance of communication between patient,family, school staff and asthma clinician	_	_	_	
Occupational Asthma				
Definition (airway hyper-responsiveness due to conditions of occupational environment vs. stimuli outside the work place)				
Work-related risk factors & triggers (includingisocyanates, metal working fluids, cleaning agents, welding fumes, etc.)				
Diagnosis/Treatment (work-related vs. general asthma)				·····
Recognition and control of common exposures associated with work-related asthma				

Nutrition and Diet	Includes	Includes, but needs further clarification	Does not Include	NA
		Clarification		
Food allergies				
Food additives				
Importance of maintaining a well balanced diet				
Alternative Treatments—Scientific Basis and Risks				
Home remedies				
Homeopathy, Chiropractic				
Risks of using over the counter medicationsto treat asthma				
Notes				

Year Material Was Published or Produced	Appeal of the Illustrations/Graphics (Check all that apply)	Appropriate Audience/ Recommended Setting
Intended or Perceived Target Population: (Check all that apply) Toddlers	Check all that apply) Visually appealing Accurate Culturally Appropriate Reviewer's Impression of the Reading Level	(Check all that apply) Emergency department Physician's office In-patient program Out-patient program
Children Teens	Pre-school / Kindergarden	School
Parents	Ist Grade	Clinic
Adults	2nd Grade 3rd Grade	Other
Other	4th Grade	Is this Material Culturally Sensitive?
Format	5th Grade	Yes No
Pamphlet Booklet (# of pages)	6th Grade	Don't Know
Fact Sheet	7th Grade 8th Grade	Languages Available (Check all that apply)
Workbook (# of pages)	9th Grade	English
Training/Educational Kit	Above 9th Grade	Spanish
Curriculum (# of lessons:)		Arabic Polish
Video (lengthmin.)Internet		Russian
Other	ATM ASTHMA INITIATIVE OF MICHIGAN	Vietnamese
	FOR HEALTHY LUNGS www.getasthmahelp.org	Chinese

Other___