



### KAC ASTHMA REGISTRY DATA ELEMENT (APPOINTMENT)

IDENTIFIER
<p><b>1. Sociodemographic</b></p> <ul style="list-style-type: none"> <li>a. Age (years)</li> <li>b. Gender (M/F)</li> <li>c. Ethnicity (M/C/I/Others)</li> </ul>
APPOINTMENT
<p><b>2. Date (DDMMYY) e.g. 100324</b></p> <p>_____</p>
<p><b>3. Type of Clinic</b></p> <ul style="list-style-type: none"> <li>a. Asthma clinic</li> <li>b. Outpatient clinic</li> </ul>
<p><b>4. Team-based care provided (2 or more asthma care providers manage the patient)</b></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
CLINICAL ASSESSMENT
<p><b>5. Severe exacerbation in the last one year requiring acute care.</b></p> <ul style="list-style-type: none"> <li>a. No severe exacerbation</li> <li>b. Emergency unit visit (no admission)</li> <li>c. Hospital admission</li> <li>d. Intubation or any assisted ventilation</li> <li>e. Unsure</li> </ul>
<p><b>6. GINA assessment of control</b></p> <ul style="list-style-type: none"> <li>a. Controlled</li> <li>b. Partly controlled</li> <li>c. Uncontrolled</li> <li>d. Not done</li> </ul>
<p><b>7. Average SABA used per week.</b></p> <ul style="list-style-type: none"> <li>a. &lt; 1 time</li> <li>b. 1-2 times</li> <li>c. 3-9 times</li> <li>d. 10 and above (excessive use)</li> <li>e. Unsure</li> <li>f. Not Applicable</li> </ul>
<p><b>8. PEFr assessment performed</b></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>

c. (NA if not done)
<b>9. Best PEFR reading today (L/min)</b> _____
<b>PHARMACOLOGICAL TREATMENT</b>
<b>10. Reliever</b> (More than 1 option is allowed if more than 1 reliever is prescribed)  a. Salbutamol b. Symbicort c. Others (e.g., Atrovent, Berodual etc.) d. No relievers
<b>11. Preventer</b> (More than 1 option is allowed if more than 1 preventer is prescribed)  a. Inhaled corticosteroid (e.g. Budesonide, Fluticasone, Beclomethasone etc.) b. LABA/ICS (e.g. Seretide, Symbicort etc.) c. Oral corticosteroid d. LAMA alone or LAMA/LABA combination (E.g., Ellipta, Seebri Breezehaler, Spiriva) e. Leukotriene receptor antagonist (LTRA) (E.g., montelukast, Theophyllin) f. Others g. No preventer prescribed
<b>12. Reliever</b> (More than 1 option is allowed if more than 1 reliever is prescribed)  a. Salbutamol b. Symbicort c. Others (e.g., Atrovent, Berodual, etc.) d. No relievers
<b>13. Adherence to preventer medication</b> (Take more than 80% of prescribed medication)  a. Yes b. No
<b>14. Duration of non-adherence to preventer medication</b> (e.g., 2 weeks, 3 months, etc.) _____
<b>15. Reason(s) of preventer medication default</b> (More than 1 option allowed)  a. Forget b. Interrupted supply c. Misunderstanding d. Not convinced e. Other reasons f. Not applicable
<b>16. Inhaler technique taught or checked (including spacer if relevant)</b> (YES, if documented as done in the last ONE year and by any health provider)  a. Yes b. No c. Not applicable (not on any inhaler)

<p><b>17. Other management</b> <i>(more than 1 option allowed)</i></p> <ul style="list-style-type: none"> <li>a. Investigate and/or manage comorbidities (e.g., allergic rhinitis, smoking, obesity, etc.)</li> <li>b. Arrange investigations to confirm or revise diagnosis (e.g., spirometry etc.)</li> <li>c. Refer to medical/respiratory outpatient clinic</li> <li>d. None of above</li> </ul>
<p><b>ASTHMA ACTION PLAN</b> <i>(YES, if AAP is documented as done in the last ONE year)</i></p>
<p><b>18. Asthma Action Plan (AAP) explained/revisited</b></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
<p><b>ASTHMA EDUCATION</b> <i>(YES, for any items documented as done by any health provider in the last ONE year)</i></p>
<p><b>19. Asthma education: What is asthma</b> <i>(pathophysiology, signs and symptoms)</i></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
<p><b>20. Asthma education: Asthma control</b> <i>(patient's current control and target asthma control)</i></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
<p><b>21. Asthma education: Asthma medication</b> <i>(e.g., correct inhaler, dosage, time, frequency, etc.)</i></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
<p><b>22. Asthma education: Triggering factors</b> <i>(including significant allergy history)</i></p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
<p><b>FOLLOW UP</b></p>
<p><b>23. Duration of next appointment</b> <i>(e.g., 2 weeks, 3 months, etc.)</i></p> <p>_____</p>