Supplementary Online Content


eFigure 1. Sample Provider Prompt
eFigure 2. Sample Caregiver Prompt

This supplementary material has been provided by the authors to give readers additional information about their work.
**eFigure 1. Sample Provider Prompt**

Sample prompt for the provider. This prompt was used for children with persistent asthma severity but no reported use of a preventive asthma medication at the time of the visit. The main recommendation, indicated at the bottom, is for the provider to start an inhaled corticosteroid at the time of the visit.

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**ASTHMA SEVERITY**  
**Date:** 02/19/2011

Asthma Report for Today’s Visit for: **John Smith**

Information from a brief survey we conducted today suggests that your patient has **Persistent Asthma**. Highlighted sections indicate key recommendations based on information obtained from the family.

**PLEASE CONSIDER ALL THE FOLLOWING GUIDELINE-BASED ACTIONS AT THIS VISIT**

<table>
<thead>
<tr>
<th>Assessment of Asthma Severity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY</strong></td>
<td><strong>NIGHT</strong></td>
</tr>
<tr>
<td>During the past four weeks, this child has had coughing, wheezing or shortness of breath during the day: <strong>Twice a week</strong></td>
<td>During the past four weeks, this child has had coughing, wheezing or shortness of breath during the night: <strong>Frequently / Every Night</strong></td>
</tr>
</tbody>
</table>

Acute episodes of asthma **0** times during the last 12 months.

Activity Limitation:  
- [ ] Extremely Limited  
- [ ] Somewhat Limited  
- [x] Minor Limitation  
- [ ] No Limitation

Preventive Asthma Medications Reported: **None**

Exposure to Cigarette Smoke: **No**

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**Check ✓ each Guideline-Based Asthma Action Delivered at This Visit:**

- [ ] **Start an INHALED CORTICOSTEROID:** Demonstrate proper technique for medication administration

- [ ] **Assess Exposure to Smoke**
  - [ ] **Assess and Discuss Caregiver Smoking Status:** Encourage cessation and provide resources
  - [ ] **Discuss “Other” Smokers in Home:** Suggest ways to decrease the child’s exposure, recommend rules for no smoking in the home or car with no exceptions

- [ ] **Assess Exposure to Triggers:** Educate Caregiver about eliminating triggers

- [ ] **Evaluate for Possible Co-Morbid Condition:** Consider evaluation and treatment of a co-morbid condition (sinusitis, reflux, allergies) or sub-specialist referral

- [ ] **Schedule Follow-Up Appointment in 2 - 6 Weeks**

- [ ] **Discuss Concerns / Treatment Goals with Caregiver**

Provider Signature: ______________________  
Date: ________________

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**eFigure 2. Sample Caregiver Prompt**

Sample prompt for the caregiver. This prompt was given to caregivers to refer to at the visit. The prompt indicates their self-reported top topics to discuss with the provider, as well as their treatment goals for their child.

**Tips for Today’s Visit with Your Child’s Doctor**

Child Name: **John Smith**  
Date: **02/19/2011**

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**You reported asthma symptoms that suggest your child could be healthier.**

<table>
<thead>
<tr>
<th>Top 3 Topics to Discuss at This Visit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Your child’s asthma triggers (molds/mildew, pets)</td>
<td>3 cats in home</td>
</tr>
<tr>
<td>X Nighttime symptoms</td>
<td>Coughs all night long</td>
</tr>
<tr>
<td>[] Increased symptoms</td>
<td></td>
</tr>
<tr>
<td>[] How to use an inhaler with a spacer or diskus</td>
<td></td>
</tr>
<tr>
<td>[] How cigarette smoke can affect your child’s asthma and what you can do</td>
<td></td>
</tr>
<tr>
<td>[] Preventive medications that might help</td>
<td></td>
</tr>
<tr>
<td>[] How to recognize when your child is sick and when to call the doctor</td>
<td></td>
</tr>
<tr>
<td>[] A written asthma plan for you to take home</td>
<td></td>
</tr>
<tr>
<td>X Medication concerns (example: dependency, long-term side effects)</td>
<td>He's hyper!</td>
</tr>
<tr>
<td>[] Change in medication</td>
<td></td>
</tr>
<tr>
<td>[] Refill of medication</td>
<td></td>
</tr>
<tr>
<td>[] A follow-up visit to talk about your child’s asthma more</td>
<td></td>
</tr>
<tr>
<td>[] Other issues:</td>
<td></td>
</tr>
<tr>
<td>[] No issues to report at this visit</td>
<td></td>
</tr>
</tbody>
</table>

**These Are Your Top Treatment Goals:**

- X Be free from severe symptoms, including sleeping through the nights  
- X Use asthma medicines with as few side effects as possible  
- X Be able to participate fully in any activities of his/her choice  
- [] Not miss work or school because of asthma symptoms  
- [] Not need emergency visits or hospitalizations for asthma  
- [] Have the best possible lung function  
- [] Other: ____________________________________

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