



**SAMBA**

Supporting Asthma Management  
Behaviors in Aging Adults



# SAMBA WORKBOOK

A new model of chronic illness self-care support



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# SAMBA Sessions Overview



# SAMBA Sessions Overview

	SESSION 1	SESSION 2	SESSION 3	SESSION 4~10	SESSION ~4~15
Session Purpose	Intake and Patient Engagement	SAMBA Screener and Identification of Barriers	Intensive Self-Management Support	Continued Self-Management Support	Maintenance or Re-engagement
Type of Contact				 or 	

SESSION #	SESSION FOCUS (Timing can be modified to meet patient's needs)
<p><b>Session 1</b> Intake and Patient Engagement</p> 	<p> <b>Objective: Establish rapport, explain program</b></p> <p><b>Goals</b></p> <ul style="list-style-type: none"> <li>• Introduce self to patient and establish rapport</li> <li>• Explain role of coach</li> <li>• Identify patient goals and priorities</li> </ul> <p><b>Tasks</b></p> <ul style="list-style-type: none"> <li>• Introduction/Program overview</li> <li>• Complete intake form</li> <li>• Assess and chart asthma control (complete Asthma Control Test)</li> </ul>
<p><b>Session 2</b> SAMBA Screener and Identification of Barriers</p> 	<p> <b>Objective: Measure initial asthma status, identify barriers, develop priorities</b></p> <p><b>Goals</b></p> <ul style="list-style-type: none"> <li>• Review Program</li> <li>• Establish rapport</li> <li>• Assess patient's asthma control barriers (using SAMBA Screener)</li> <li>• Summarize visit, agree on goals and action steps, arrange next visit</li> <li>• Coach documents encounter and communicates with care team</li> </ul>

## Session 2 continued

### Tasks

- Administer SAMBA Screener
- Complete SAMBA Screener Summary
  - Review results with patient, agree on priorities of what issues to cover
- IF >2 WEEKS SINCE INTAKE: Assess and chart asthma control (complete Asthma Control Test)
- IF TIME: Address mutually agreed upon identified barriers
- Set relevant, achievable goal, arrange next visit
- Document encounter and communicate with care team (as appropriate)

## Session 3 Intensive Self-Management Support



1-week  
post-screener



### Objective: Begin addressing barriers to asthma control

#### Goals

- Review goals and action steps from prior session
- Continue addressing identified barriers as per SAMBA Screener Summary
- Assess and chart asthma control (IF >2 WEEKS SINCE LAST ASSESSED)
- Assess peak flow (if patient has PFM)
- Assess inhaler/spacer technique
- Review Asthma Action Plan (AAP) (if patient has AAP)
- Clarify patient's usage of controller/rescue meds
- Summarize visit, agree on goals and action steps, arrange next visit
- Coach documents encounter and communicates with care team

#### Tasks

- Review progress on goals and action steps from previous session
- Review identified barriers (per Screener Summary) and follow-up with associated targeted interventions
- Assess asthma control (with Asthma Control Test), inhaler/spacer technique, peak flow, Asthma Action Plan as appropriate to patient
- Review patient's usage of controller/rescue meds
- Agree to specific, relevant goals and schedule next appointment
- Document encounter and communicate with care team (as appropriate)



## Sessions 4~10

### Continued Self-Management Support



(alternating)

Encounters ~4 weeks apart

## Objective: Work toward achieving and sustaining goals

### Goals

- Review goals and action steps from prior session
- Continue addressing identified barriers as per SAMBA Screener Summary
- Assess and chart asthma control (IF >2 WEEKS SINCE LAST ASSESSED)
- Assess peak flow (if patient has PFM)
- Assess inhaler/spacer technique
- Review Asthma Action Plan (if patient has AAP)
- Clarify patient's usage of controller/rescue meds
- Reinforce key learning based on targeted interventions previously covered with patient
- Summarize visit, agree on goals and action steps, arrange next visit as appropriate
- Coach documents encounter and communicates with care team



### Tasks

- Review progress on goals and action steps from previous session
- Review identified barriers (per Screener Summary) and follow-up with associated modules
- Assess asthma control (with Asthma Control Test), inhaler/spacer technique, Peak flow, Asthma Action Plan as appropriate to patient
- Review patient's usage of controller/rescue meds
- Agree to specific, relevant goals and schedule next appointment
- Document encounter and communicate with care team (as appropriate)



### Tasks

- Same as in-person, but no peak flow or inhaler/spacer technique assessments

## Sessions ~4~15

### Maintenance or Re-engagement



*Calls every 4 weeks*



## Objective: Focus on sustaining optimal behavior

### Goals

- Assess and chart asthma control (IF >2 WEEKS SINCE LAST ASSESSED)
- Clarify patient's usage of controller/rescue meds
- Reinforce key learning based on targeted interventions previously covered with patient
- Re-engage for Intensive Self-Management Support if needed
- Coach documents encounter and communicates with care team

### Tasks

- Assess asthma control (with Asthma Control Test)
- Review patient's usage of controller/rescue meds
- Review key educational components, as relevant to the patient
- Schedule Intensive Self-Management Support, if needed
- Document encounter and communicate with care team (as appropriate)



### Standard In-Person Visits @ weeks 2, 6, 12, and 24 (Intensive Self-Management Support or Maintenance)

- **Intensive Self-Management Support** done until all major barriers and goals identified by the SAMBA Screener and Screener Summary have been satisfactorily addressed
- **Maintenance or Re-engagement** done after all barriers have been addressed in order to encourage continuation of optimal behavior



# Phone Introduction and Intake





# Phone Introduction and Intake

**Phone Introduction:** Care Coach, first contact with patient, by phone

## Objectives

- Introduce yourself
- Communicate benefits of program
- Explain coaching role
- Complete intake form
- Document patient priorities
- Schedule next appointment

## Instructions

Use the script and talking points provided to navigate the phone conversation.

## 1. Introduce yourself

### Talking Points

- Your name
- Who you are
- Where you are calling from
- Why you are calling

Hello! How are you today? My name is \_\_\_\_\_, and I am an Asthma Care Coach from \_\_\_\_\_. I am calling as part of a program that you enrolled in regarding your asthma.

## 2. Communicate benefits of program

### Talking Points

- *Title of program:* Supporting Asthma Management Behavior in Aging Adults (SAMBA)
- *Goal of program:* To help adults gain better control of their asthma symptoms
- *Services included:* Approximately 15 sessions with a Care Coach (in-person and over the phone) over one year
- *The role of a care coach:* To provide information about asthma and to promote asthma self-management
- Answer any questions the patient has so far

“ The name of the program is Supporting Asthma Management Behavior in Adults or SAMBA. I will be able to suggest ways to help you manage your symptoms so that you can have better control of your asthma. All of these services will be completely free. As part of this program, you will receive approximately 15 sessions with me over about a year. These will take place either in person or over the phone. What questions do you have so far about the study, your involvement in it, or my role as your care coach?

### 3. Intake Form

#### Talking Points

- Introduce the intake form
- Walk through and fill out the intake form with the patient

“ I am now going to ask you a few questions to help get us started with the program.

#### 1. Where do you get your primary care?

\_\_\_\_\_

#### 2. I'd like to get some basic information about you.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred language: \_\_\_\_\_ Secondary language: \_\_\_\_\_

#### Contact Information

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Emergency Contact

Contact name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact relationship: \_\_\_\_\_

What is the best way for us to contact you? (circle one): Home Phone Cell Phone Email

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Borough: \_\_\_\_\_ Zip: \_\_\_\_\_

“ It is often helpful to have a family member or friend join these meetings. That way, they can help you remember what you learn here and help support you as you work to take better control your asthma.

Is there anyone you'd like to join us in these meetings? They can join some or all meetings, it's up to you. Would it be okay for me to contact them?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

### 3. Health Information and Social Support

**“** Next I am going to ask how difficult everyday tasks are for you.

Do you ever have difficulty or need assistance with: (check Y/N)

Bathing	Yes _____	No _____
Dressing	Yes _____	No _____
Eating	Yes _____	No _____
Taking medicine	Yes _____	No _____
Getting in or out of bed or chairs	Yes _____	No _____

Is there someone who helps you take care of your health, takes care of you when you are feeling poorly, accompanies you to medical appointments, or helps you make medical decisions?

If yes, who? \_\_\_\_\_

Do you receive any of the following social services in your home?

	Person's name	Phone number
<i>Home Health Aide</i>		
<i>Social Worker</i>		
<i>Visiting Nurse</i>		
<i>Case Manager</i>		
<i>Other type of home service</i>		

[If patient has social services]:

**“** If it is ok with you, I may get in touch with [NAME PERSON IDENTIFIED ABOVE] so we can work together to help you with your asthma, your other health problems, and any issues that make it difficult to manage your health. Is it ok if I call [NAME PERSON IDENTIFIED ABOVE]?

### 4. Review List of Patient's Medications (Asthma and Non-Asthma Medications)

- Review medication list from electronic medical record, if available.

**“** I would like to make sure that the medications in your record are the same as the ones you are currently taking. If you have your medications with you, please take them out.



If they do not have medication bottles available and cannot recall the names of their medications, make a plan to call them to get this information

**What medicines do you take for your asthma and other health conditions?**

Medication Name	What's the purpose of this medication?

**5. Document Patient Priorities and Schedule Next Appointment**

“ I want to understand how asthma affects you. First, please tell me what happens to you when your asthma acts up. In other words, what are your asthma symptoms?

**Document Asthma Symptoms** (Use prompts, e.g., “anything else?”)

“ Now tell me how your asthma symptoms prevent you from doing the things you would normally like to do.

**Document How Asthma Affects the Patient** (Use prompts, e.g., “anything else?”)



**“** Now tell me, what are your goals regarding your asthma? What is most important for you when it comes to managing your asthma? In other words, what do you think we should be focusing on together?

**Document Patient Priorities for Managing Their Asthma** (Use prompts, e.g., “anything else?”)

**“** I can help you reach your asthma goals, reduce your asthma symptoms, and help you gain better control of your asthma. We’ll begin discussing these goals when we next talk. Can we schedule our next appointment now?

**Try to schedule the next meeting within 1-2 weeks**

Next Session Date: \_\_\_\_\_ Next Session Time: \_\_\_\_\_

**\*Remember to discuss location with patient**

- If appointment will be in the clinic.

**“** For our next session we will meet at [Name of patient’s clinic].

- If appointment will be in the patient’s home.

**“** For our next session, I will come to your home. Is that okay with you?

**“** There are a few things you should have on hand when we meet.

**Do you have a spacer to use with your inhaler?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Has anyone ever given you a written plan to follow when your asthma gets worse? This is called an Asthma Action Plan.** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a peak flow meter?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Tell patient they should bring all of the following (if applicable):**

- All medicines, including asthma and non-asthma medicines
- Spacer
- Peak Flow Meter
- Asthma Action Plan



**IF SCHEDULING A MORNING APPOINTMENT, ASK THEM TO AVOID USING THEIR ASTHMA INHALER MEDICATIONS BEFORE THEY SEE YOU SO THAT YOU CAN SEE HOW THEY USE THEIR INHALERS**



# Asthma Control Test





# Asthma Control Test<sup>1</sup>



SHOULD BE ASKED AT ALL SESSIONS, UNLESS YOU HAVE DONE SO WITHIN THE PAST 2 WEEKS

**“** Now, I would like to ask about how your asthma has been during the past 4 weeks, that is, since [DATE].

**1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?**

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5

**2. During the past 4 weeks, how often have you had shortness of breath?**

More than once a day	1
Once a day	2
3-6 times a week	3
Once or twice a week	4
Not at all	5

**3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?**

4 or more nights a week	1
2 or 3 nights a week	2
Once a week	3
Once or twice	4
Not at all	5

<sup>1</sup>Nathan et al.

**4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?**

3 or more times per day	1
1 or 2 times per day	2
2 or 3 times per week	3
Once a week or less	4
Not at all	5

**5. How would you rate your asthma control during the past 4 weeks?**

Not controlled at all	1
Poorly controlled	2
Somewhat controlled	3
Well controlled	4
Completely controlled	5

**Q1-5 TOTAL SCORE:** \_\_\_\_\_

**ACT  $\leq$ 19 = Uncontrolled**



# SAMBA Screener







# SAMBA Screener



## DAY BEFORE SESSION 2

- Call patient to confirm appointment
- Remind of location
- Confirm names of asthma medicines
- Ask patient to bring
  - All their medicines, including asthma medicines and non-asthma medicines
  - Spacer (if they have one)
  - Peak flow meter (if they have one)
  - Asthma Action Plan (if they have one)



## MATERIALS NEEDED FOR SESSION 2

- *Asthma 1-2-3* Booklet
- Your fake MDI and DPI devices
- Your placebo spacer
- Your peak flow meter
- Patient's medication list and names of asthma medicines

## Screener Introduction



So now I'm going to run through a number of questions with you. This will take about 25-30 minutes.

I'm asking you these questions so I can better understand how you think about your asthma and how you take care of your asthma.

It will also help me to identify things that we can talk about to help lessen your asthma symptoms.

What questions do you have?

Ok, let's get started.



### IS THE ASTHMA CONTROL TEST (ACT) TO BE INCLUDED IN SCREENER?

- If screener is done MORE THAN 2 weeks post-intake
  - ⇒ Complete the Asthma Control Test (ACT)
- If screener is done LESS THAN 2 weeks post-intake
  - ⇒ The Asthma Control Test (ACT) should be not be completed during this session

## Asthma Medications

**“** Did you bring your asthma medications with you? What medicine are you taking for your asthma?

- Check which medicines participant is taking for asthma in first column
- If participant did not say name of medicine, ask if they know the name. Mark if they do not know name.

**“** There are two different types of asthma medicines: controller medicines and rescue medicines. Controller medicines help to control inflammation in the lungs. They prevent asthma attacks from starting. Rescue medicines help stop asthma attacks after they have started.

- For each medicine, ask if it is a controller or rescue medicine. Mark if they do not know type of medicines.

Asthma Medicines		Does NOT know name	Does NOT know type (Controller vs. Rescue)
Controller Meds			
	Advair		
	Asmanex		
	Dulera		
	Flovent		
	Pulmicort		
	Qvar		
	Symbicort		
	Serevent		
	Salmeterol		
	Fometerol		
	Singular		
	Theophylline		
	Theodur		
	Xolair		
Rescue Meds			
	Albuterol		
	Proair		
	Proventil		
	Ventolin		
	Xopenex		

Asthma Medications	
X in column 2 or 3	

# Asthma Medication Images

## RESCUER: Short Acting Bronchodilators



## CONTROLLER: Combination Medications



## CONTROLLER: Inhaled Corticosteroids



## CONTROLLER: Long Acting Bronchodilators



## CONTROLLER: Other



## Metered Dose Inhaler (MDI) Technique, With or Without Spacer<sup>2</sup>

**“** Next I would like to see how you use this inhaler. Please show me EXACTLY how you use your inhaler.

- Patient should take a real puff of their inhaler; they can take up to 2 puffs of their rescue or controller inhaler
- Patient should demonstrate technique with a spacer if they use one
- Mark the steps the participant performed correctly

	Yes
1. Shakes inhaler (before attaching to spacer if they have one)	
2. Breathes out	
3. Closes lips around mouthpiece, making a tight seal	
4. Presses down fully on canister, and only once	
5. Breathes in slowly (no whistle if using a spacer)	
6. Holds breath for 5-10 seconds	
7. Removes from mouth before breathing normally	
8. Breathes normally for 30-60 seconds	
9. Repeats steps for their second puff	


**TOTAL:** \_\_\_\_\_ /9

**Q1-9 TOTAL STEPS MISSED:** \_\_\_\_\_

MDI Technique	
Any step missed	

<sup>2</sup>Adapted from (Press et al.)

**Dry Powder Inhaler (DPI) Technique<sup>3</sup>**



**ASSESS ONLY IF USES A DISKUS**

“ Next I would like to see how you use a diskus. Have you taken your diskus today? Would you mind taking your diskus now so I could see how you take it?

- Patient should take a real puff of their inhaler; no more than 1 puff
- Mark the steps the participant performed correctly

	Yes
<b>10.</b> Holds the inhaler level and flat	
<b>11.</b> Uses thumb to push it open	
<b>12.</b> Pushes second lever until it clicks	
<b>13.</b> Breathes out slowly	
<b>14.</b> Closes lips around mouthpiece to make a tight seal	
<b>15.</b> Breathes in quickly and deeply through mouth	
<b>16.</b> Removes inhaler from mouth	
<b>17.</b> Holds breath for 5-10 seconds then breathes out	
<b>18.</b> Closes DPI by sliding thumb grip back until it clicks	

**TOTAL:** \_\_\_\_\_ /9

**Q10-18 TOTAL STEPS MISSED:** \_\_\_\_\_

DPI Technique	
Any step missed	

<sup>3</sup>Adapted from (Press et al.)

## Adherence to Asthma Controller Medicines<sup>4</sup>



IF NO CONTROLLER MEDICINE, SKIP TO NO CONTROLLER MEDICATION (Q.33)  
[CM=CONTROLLER MEDICATION, INCLUDES INHALERS AND PILLS]



Next, I would like to ask some questions about how you take your [NAME THE CM].

19. How often do you take your [CM]? Is it...

Everyday	0
Less than everyday	1

20. Do you use your [CM] **ONLY** when you're short of breath or wheezing?

Yes	2
No	0

21. Do you ever use your [CM] as a **backup treatment** if your albuterol doesn't help your asthma symptoms?

Yes	1
No	0

22. Do you use your [CM] **before doing something** that might make you short of breath?

Yes	1
No	0

23. How often do you **forget to take** your [CM]? Would you say...

Often	2
Sometimes	1
Rarely or Never	0

24. Do you ever decide to **stop taking** your [CM] for a while?

Yes	1
No	0

25. Was there ever more than two days between finishing one [CM] and starting a new [CM]?

Yes	1
No	0

<sup>4</sup>Adapted from (Cohen et al.)

26. Do you ever **take fewer puffs** of your [CM] than the prescription says?

Yes	1
No	0

Q19-26 TOTAL SCORE: \_\_\_\_\_



If score = 0 or 1, then skip  
to Asthma Illness Beliefs  
(Q38)

#### Asthma Medications

Score  $\geq$  2

## Asthma Medication Beliefs<sup>5</sup>

“ Next I’m going to ask you some more questions about your asthma medicine, [CM], to learn about your views on it.

27. How much does your health right now depend on your [CM]? Would you say...

A lot	0
A little	1
Not at all	2

28. How ill would you be without your [CM]?

Very ill	0
A little ill	1
The same as I am now	2

29. How much does your [CM] protect you from getting worse?

A lot	0
A little	1
Not at all	2

Q27-29 TOTAL SCORE: \_\_\_\_\_

30. How worried are you about taking [CM]?

A lot	2
A little	1
Not at all	0

31. How much do you worry about becoming addicted to your [CM]?

A lot	2
A little	1
Not at all	0

32. How much do you worry about the side effects of your [CM]?

A lot	2
A little	1
Not at all	0

Q30-32 TOTAL SCORE: \_\_\_\_\_

<sup>5</sup>Adapted from (Horne and Weinman)

Asthma Medications		
Q27-29	Score $\geq$ 1	
Side Effects		
Q30-32	Score $\geq$ 1	



**No Controller Medication**

	<p><b>SKIP IF PATIENT HAS A CONTROLLER MEDICATION</b></p>
---	---

→ Hold up med poster and point to Controllers

**33. Have you ever been prescribed any of these medications to help prevent your asthma symptoms?**

Yes	1
No	0

**If yes to Q33:**

**34. How long ago did you stop taking a controller medication?**

**If yes to Q33:**

**35. Why are you no longer taking a controller medication?**

**Q33 TOTAL SCORE:** \_\_\_\_\_

**Complementary and Alternative Medications (CAM)**

**36. Sometimes people use home remedies (such as herbal medications, supplements, rubs) to PREVENT asthma symptoms. Do you ever use any remedies to PREVENT asthma symptoms?**

Yes	1
No	0

**37. Did you ever use remedies instead of your prescribed medications when your asthma is acting up?**

Yes	1
No	0

**Q36-37 TOTAL SCORE:** \_\_\_\_\_

No Controller		
Q33	Score =1 and ACT $\leq$ 19	
Complementary and Alternative Medication Use		
Q36-37	Score $\geq$ 1	

## Asthma Illness Beliefs<sup>6</sup>

**“** Earlier, you told me that your asthma symptoms include [RESTATE ASTHMA SYMPTOMS RECORDED ON P.14]

38. Do you have asthma when you aren't having these symptoms?

Yes	0
No	1

39. Do you expect the doctor to cure your asthma?

Yes	1
No	0

**Q38-39 TOTAL SCORE:** \_\_\_\_\_

Asthma Overview	
Score $\geq$ 1	

<sup>6</sup>Adapted from (Halm, Mora and Leventhal)

**Peak Flow Meter (PFM)**

40. A peak flow meter can help you know when your asthma is getting worse, even before you are having shortness of breath or an asthma attack. You can check your peak flow meter every day to track how your asthma is doing. Is this something you are interested in learning more about?

Yes	1
No	0

**Q40 TOTAL SCORE:** \_\_\_\_\_

**Peak Flow Meter (PFM) Technique**



**SKIP IF PATIENT DOES NOT HAVE A PFM ON HAND**

→ Ask patient to stand while measuring peak flow

**“** Now, let’s measure your peak flow. The peak flow meter measures how fast air can move out of your lungs.

Please put the meter in your mouth and make a tight seal with your lips around the tube. Take a deep breath then blow into the meter as hard and fast as you can, like an explosion of air.

- Have the patient rest between attempts
- Do not make additional attempts if the patient appears fatigued.

**Record Patient’s Peak Flow:**

Attempt 1: \_\_\_\_\_  
 Attempt 2: \_\_\_\_\_  
 Attempt 3: \_\_\_\_\_

Peak Flow Meter	
Score $\geq$ 1	

## Prioritizing Illness & Managing Multiple Medications

**“** Next I would like to ask about some of your other health conditions.

What other health problems do you have?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

41. Does taking care of your other health problems **prevent you from taking care of your asthma?**

Yes	1
No	0

### Medication Organization<sup>5,7</sup>

42. Do you keep your [CM] in the same place every day?

Yes	0
No	1

43. Do you keep your [CM] in the same place or a different place as your other medications (non-asthma medications?)

Same Place	0
Different Place	1

44. How much does taking your [CM] disrupt your life?

A lot	2
A little	1
Not at all	0

**Q41-44 TOTAL SCORE:** \_\_\_\_\_

#### Medication Prioritization and Organization

Score  $\geq$  1

<sup>5</sup>Adapted from (Horne and Weinman)

<sup>7</sup>Adapted from (Brooks et al.)

## Medication Costs<sup>8</sup>

“ People often have difficulty coping with the high costs of prescription medicines. I’m going to ask you some questions about how you react to the costs of your prescription medications.

45. Do you ever skip doses or not refill a prescription because of the cost of your [CM] or [RM]?

Yes	1
No	0

46. Because of medication costs, do you ever have to choose to get one medication instead of another? [APPLIES TO ASTHMA AND NON-ASTHMA MEDICATIONS]

Yes	1
No	0

Q45-46 TOTAL SCORE: \_\_\_\_\_

Medication Costs	
Score $\geq$ 1	

<sup>8</sup>(Wilson et al.)

## Emotional Triggers of Asthma<sup>9</sup>

“ For many people, their emotions and how they feel can affect their asthma. In the past month, have any of the following emotions triggered your asthma? Everyone will feel these emotions at times, but **in the past month** have any of these emotions made you have shortness of breath or chest tightness?

### 47. Feeling angry

No	0
Yes	1

### 48. Feeling alone

No	0
Yes	1

### 49. Having stress at home

No	0
Yes	1

### 50. Fighting or arguing with people

No	0
Yes	1

### 51. Feeling anxious or having intense worries

No	0
Yes	1

### 52. Feeling unhappy

No	0
Yes	1

**Q47-52 TOTAL SCORE:** \_\_\_\_\_

Emotional Triggers of Asthma	
Score $\geq$ 1	

<sup>9</sup>Adapted from (Ritz et al.)

**Depression and Anxiety**

**Depression Screener (PHQ-2)<sup>10</sup>**

“ Next, I would like to ask some questions about your mood. Over the **last 2 weeks**, have you been bothered by any of the following problems?

**53. Little interest or pleasure in doing things**

No	0
Yes	1

**54. Feeling down, depressed, or hopeless**

No	0
Yes	1

**Anxiety Screener (GAD-2)<sup>11</sup>**

“ Over the **last 2 weeks**, have you been bothered by any of the following problems?

**55. Feeling nervous, anxious or on edge**

No	0
Yes	1

**56. Not being able to stop or control worrying**

No	0
Yes	1

**Q53-56 TOTAL SCORE:** \_\_\_\_\_

Depression and Anxiety	
Score $\geq$ 1	

<sup>10</sup>(Kroenke, Spitzer and Williams)

<sup>11</sup>(Kroenke et al.)

## Cognitive Impairment<sup>12</sup>



COVER THIS PAGE SO PATIENT CANNOT SEE THE WORDS



Let's switch gears a little bit and do a quick activity that looks at your memory.

I'm going to name 3 objects. Please wait until I say all 3 words then repeat them back to me. Remember the words because I'll ask you to name them again later.

Are you ready?

The words are: **Apple**, **Table**, **Car**. Please repeat those words back to me.

Thank you. Now, I'm going to ask you a few other questions.

57. What is the year?

Correct	0
Incorrect	1

58. What is the month?

Correct	0
Incorrect	1

59. What is the day of the week?

Correct	0
Incorrect	1



ASSESS RECALL AFTER ASKING ABOUT SMOKING IN NEXT SECTION

<sup>12</sup>(Callahan et al.)



## Substance Use

### Smoking

60. In the past three months, did you ever smoke cigarettes?

Yes	1
No	0

61. Do you ever allow people to smoke in your home?

Yes	1
No	0

62. Are you ever affected by cigarette smoke from outside your apartment? I mean from smoking that happens in the hallway of your building or in your neighbor's apartment. (Ex. Smoke from a neighbor's apartment enters the patient's apartment.)

Yes	1
No	0

Q60-62 TOTAL SCORE: \_\_\_\_\_

Smoking Cessation		
Q60	Score $\geq$ 1	
Exposure to Smoke		
Q61-62	Score $\geq$ 1	



## ACCESS RECALL



What were the 3 objects I asked you to remember?

## 63. Apple

Correct	0
Incorrect	1

## 64. Table

Correct	0
Incorrect	1

## 65. Car

Correct	0
Incorrect	1

Q63-65 TOTAL SCORE: \_\_\_\_\_

## Cognitive Impairment


Score  $\geq$  1

## Alcohol Use<sup>13</sup>

“ These next questions are about drinking alcoholic beverages like wine, beer, liquors or any other type of alcoholic drinks.

66. How often did you have a drink containing alcohol in the past year?

Never	0
Monthly or less	1
2 to 4 times a month	2
2 to 3 times per week	3
4 or more times a week	4

→  Skip to Q76

67. How many drinks did you have on a typical day when you were drinking in the past year?

1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4

68. How often did you have six or more drinks on one occasion in the past year?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Q66-68 TOTAL SCORE: \_\_\_\_\_



If score is  $\leq 4$  for men or  
 $\leq 3$  for women go to Q73

69. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

<sup>13</sup>(Bush et al.)

**70. How often during the last year have you failed to do what was normally expected from you because of drinking?**

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

**71. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

**72. How often during the last year have you had feeling of guilt or remorse after drinking?**

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

**73. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

**74. Have you or someone else, been injured as a result of your drinking?**

No	0
Yes, but not in the last year	2
Yes, during the last year	4

**75. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?**

No	0
Yes, but not in the last year	2
Yes, during the last year	4

**Drug Use<sup>14</sup>**

**“** This next question is about drug use, which can make your asthma flare up or become more difficult to control.

**76. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?**

Never	0
1 or more times	1

**Q76 TOTAL SCORE:** \_\_\_\_\_

Alcohol Use		
Q66-68	Men: score $\geq 4$ Women: score $\geq 3$	
Drug Use		
Q76	Score = 1	

<sup>14</sup>(Smith et al.)

## Environmental Exposures

### Other Allergens/Triggers<sup>15,16</sup>

77. In your bedroom, do you have a wall-to-wall carpet?

Yes	1
No	0

78. Do you use allergy covers on your pillows and/or mattress?

Yes	0
No	1

79. Do you wash your bed sheets in hot water every week?

Yes	0
No	1

80. During the past 12 months, has there been any water or dampness in your home? This might be from broken pipes, leaks, heavy rains, or sink, tub, toilet overflows, or any other source.

Yes	1
No	0

81. Have you seen any mold or mildew anywhere in your home in the past 12 months?

Yes	1
No	0

82. How often is your home cleaned?

Less than weekly	1
Weekly	0
A few times per week	0

83. Do any pets with fur or feathers live in your apartment?

Yes	1
No	0

84. Have you seen any rodents (mice and/or rats) in your home in the past 12 months?

Yes	1
No	0

85. Have you seen any cockroaches in your home in the last 12 months?

Yes	1
No	0

Q77-85 TOTAL SCORE: \_\_\_\_\_

<sup>15</sup>(O'Connor et al.)

<sup>16</sup>(Federman et al.)

#### Other Triggers

Score $\geq$ 1	
----------------	--



## PAUSE TO SUMMARIZE AND SCORE THE SCREENER

“ So how was that? I just asked you a lot of questions. Thank you for taking the time to answer them. Now, do you have any questions for me?

# SAMBA Screener Summary

“Ok, based on all of your answers, here’s a list of the things I think we could talk about to help make your asthma better:

Topic (Don't say to patient)	To Be Addressed?	“ Sample Script to Introduce the Checked Topics	Intervention/ Page
<b>Asthma Overview</b> <i>To be asked of all patients</i>		We can review what asthma is and what happens to you during an asthma attack. Would you like to discuss this?	Overview (p.57)
<b>Asthma Medications</b> (p.24)		It seems like you may have some confusion about what medications to take, when to take them, and why they are important. It may help to talk about your medications in a little more detail.	Asthma Meds (p.59)
→ MDI Technique (p.26)		You may not be getting as much of the medicine into your lungs as you should be. We should really work on this.	MDI (p.62)
→ DPI Technique (p.27)			DPI (p.64)
<b>Medication Adherence</b> (p.28)		It may be helpful to talk a little bit about your asthma medications, what they do, and when you should take them.	Asthma Meds (p.59)
→ Medication beliefs (p.30)		It seems like you may have some confusion about what some of the medications are for, how they work, and the side effects they can cause. It may help to talk about your medications in a little more detail.	Asthma Meds (p.59)
→ Side Effects (p.30)			Side Effects (p.66)
→ No Controller (p.31)		Using a controller medication may help you to better control your asthma. We can talk about what a controller is and perhaps talk to your doctor about getting one for you.	No Controller (p.67) Phys. Note
→ Complementary and Alternative Medication Use (p.31)		You may be using some home remedies instead of medicines your doctor would like you to use. Often, you can take both a home remedy and your medications. We should discuss this.	Asthma Meds (p.59) Phys. Note
→ Illness beliefs (p.32)		It seems like you may have some confusion about the illness asthma and what it is. It may help to talk a little about the basics of asthma.	Overview (p.57)
→ Peak Flow Meter (p.33)		A peak flow meter can be a useful way of seeing how your asthma is doing. We can talk about how to use the peak flow meter in your daily life to help you better control your asthma.	Peak Flow Meter (p.68)



<b>Prioritizing Illness/ Managing Multiple Meds</b> (p.34)		It's difficult to manage asthma on top of your other illnesses, including having to take so many medications like you do. We can talk about this and see if there are ways to help you organize your medications and set priorities to help you take care of your different health problems.	Organization & Routine (p.70)
→ Med. Organization (p.34)			
→ Medication Costs (p.35)		Cost of medication seems to be a problem for you. We can talk about how to address this problem.	Meds Costs (p.72)
<b>Emotional Triggers of Asthma</b> (p.36)		It seems like emotions may set off your asthma. We can talk about how to make emotions less of a trigger for your asthma.	Emotional Triggers (p.74) <i>Phys. Note</i>
→ Depression (p.37)		It seems like your mood may be a little down, which sometimes gets in the way of taking good care of asthma and other health problems.	Depression & Anxiety (p.77)
→ Anxiety (p.37)		It seems like you may get anxious at times, which sometimes gets in the way of taking good care of asthma and other health problems.	Depression & Anxiety (p.77)
<b>Cognitive Impairment</b> (p.38)		Do you forget sometimes? Even small problems with memory can sometimes make it hard for people to remember to take their medications and do other things they need to manage their health.	Cognition (p.78)
<b>Substance Use</b>			
→ Patient Smokes (p.39)		Exposure to smoke may be making your asthma worse and more difficult for you to control.	Cessation (p.82)
→ Exposed to Smoke (p.39)		Breathing in smoke can irritate your lungs and increase your asthma symptoms. We can talk about ways of addressing this problem	Exposure (p.82)
→ Alcohol Use (AUDIT) (p.41)		Alcohol/drug use may be making your asthma harder to control. Would it be okay for us to talk more about this?	Alcohol Use (p.83) <i>Phys. Note</i>
→ Drug Use (p.43)			<i>Phys. Note</i>
<b>Environmental Exposures</b> (p.44)		Exposure to allergens and other asthma triggers may be making your asthma worse. We can talk about ways of addressing this problem.	Environmental Triggers (p.79)

“ Which of these topics do you want to talk about? Or if there is something else you prefer to talk about, we can do that, too. Whatever we don't get to today, we'll talk about at future meetings.





# Home Environmental Assessment





# Home Environmental Assessment



THIS ASSESSMENT SHOULD BE COMPLETED THROUGH DIRECT OBSERVATION OF THE HOUSING UNIT.

1. Number of bedrooms: \_\_\_\_\_

## Kitchen

2. Window	<input type="checkbox"/> No (Skip to Q3)	<input type="checkbox"/> Yes
2a. Do the window(s) open/close properly?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Vent/exhaust fan	<input type="checkbox"/> No (Skip to Q4)	<input type="checkbox"/> Yes
3a. Vent/fan functioning	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Rugs	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Visible household trash	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Aerosol sprays (pesticides, oven cleaner)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
7. Is stove oven on to heat apartment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
8. Curtains, shades, or blinds	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
9. Odors, specify type and/or source: _____	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
10. Mold	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
11. Water leakage	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
12. Condensation	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
13. Dust on surfaces	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
14. Household clutter	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
15. Exposed food products	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
16. Grease accumulation (on stove, walls)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
17. Broken or falling plaster or tiles	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
18. Cockroaches (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
19. Flies, mosquitoes, or other insects	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
20. Mice (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

## Living Area and Hallways

<b>21. Window</b>	<input type="checkbox"/> No (Skip to Q22)	<input type="checkbox"/> Yes		
<b>21a. Do the window(s) open/close properly?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>22. Air conditioner</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>23. Rugs</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>24. Smoke alarm</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>24a. Does the smoke alarm work?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>25. Carbon monoxide alarm</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>25a. Does the carbon monoxide alarm work?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>26. Visible household trash</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>27. Curtains, shades, or blinds</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>28. Upholstered furniture/ furniture covers</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>29. Odors, specify type and/or source:</b> _____	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>30. Mold</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>31. Water leakage</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>32. Dust on surfaces</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>33. Household clutter</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>34. Broken or falling plaster or tiles</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>35. Cockroaches</b> (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>36. Flies, mosquitoes, or other insects</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>37. Mice</b> (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

## Bathroom

<b>38. Window</b>	<input type="checkbox"/> No (Skip to Q39)	<input type="checkbox"/> Yes		
<b>38a. Do the window(s) open/close properly?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>39. Vent/exhaust fan</b>	<input type="checkbox"/> No (Skip to Q40)	<input type="checkbox"/> Yes		
<b>39a. Vent/fan functioning</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>40. Rugs</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>41. Curtains, shades, or blinds</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>42. Odors, specify type and/or source:</b> _____	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>43. Mold</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>44. Water leakage</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>45. Condensation</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>46. Broken or falling plaster or tiles</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>47. Cockroaches</b> (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>48. Flies, mosquitoes, or other insects</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>49. Mice</b> (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

## Bedroom or Sleeping Area

<b>50. Window</b>	<input type="checkbox"/> No (Skip to Q51)	<input type="checkbox"/> Yes		
<b>50a. Do the window(s) open/close properly?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>51. Air conditioner</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>52. Rugs</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>53. Allergy protective covers on mattress</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>54. Allergy protective covers on pillows</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>55. Stuffed animals</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>56. Household trash</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
<b>57. Curtains, shades, or blinds</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>58. Upholstered furniture/ furniture covers</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>59. Odors, specify type and/or source:</b> _____	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>60. Mold</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>61. Water leakage</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>62. Condensation</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>63. Dust on surfaces</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>64. Household clutter</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>65. Broken or falling plaster or tiles</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>66. Cockroaches</b> (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>67. Flies, mosquitoes, or other insects</b>	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
<b>68. Mice</b> (evidence or sightings)	<input type="checkbox"/> None/NA	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

**69. Describe any other issues or observations**







# Targeted Interventions



# Asthma Overview

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



## Problem

### Poor overall understanding of asthma; patient requests a general overview of asthma

1. Assess their understanding of asthma

“ Tell me what you know about asthma. I mean how it works and what causes it.

2. Identify the symptoms they attribute to asthma

“ What symptoms do you get from your asthma?

3. Use the information you just got from them to help focus your review of asthma with the *Asthma 1-2-3* materials [Open to page 1 of *Asthma 1-2-3*]
4. Summarize the main points of the learning, especially where the patient had poor understanding
5. Provide patient with the reviewed *Asthma 1-2-3* materials, with key areas highlighted
6. Reassess their understanding



## Goal Setting

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goal
  - I will put my asthma medication sheet on the refrigerator door to remember which are my controller and rescue medicines



## Communicate with PCP

1. Identify the specific problem that was addressed
2. Ask PCP to reinforce the key learning points (e.g., distinguishing controller and rescue inhalers)
3. If needed: Notify PCP if patient is using CAM, ask PCP to review dosing schedule with patient (when to take medicines)



**Referral  
Resources**

- <http://www.cdc.gov/asthma/default.htm>
- <http://www.lung.org/lung-disease/asthma/>
- <http://www.noattacks.org/>
- <https://www.health.ny.gov/diseases/asthma/>
- <http://www.nyc.gov/html/doh/html/living/asthma-homepage.shtml>
- <http://www.asthma.ca/adults>

For more information, see appendices of *Care Coach Manual*.



**For any section, if erroneous beliefs remain, review material again, emphasizing areas of deficiency.**

# Asthma Medications

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



Problem

## Patient cannot identify or name their asthma medications

1. Review asthma medications; emphasize the color as a marker of the medicine
2. Write names of medicines in the *Asthma 1-2-3* workbook, page 4
3. Confirm understanding, repeat as needed



Problem

## Patient doesn't know difference between controller and rescue medicines

1. With the patient's controller and rescue medicines in hand, speak about the difference between them
2. Emphasize that the controller is for everyday use, whether they feel good or bad, and the rescue medicine is only when they have trouble breathing

“ There are two basic types of asthma medicines: controller medicines and rescue medicines

3. Use page 3 of *Asthma 1-2-3* to help guide discussion
4. Emphasize that controller medicines act like a shield, while rescue medicines work lightning fast
5. Apply the stickers to indicate controller and rescue medicines
6. Ask where they keep their controller medicine; if they do not do so already, suggest that they keep it with the pills they take every day so they are reminded to use it every day
7. Write names of medicines in the *Asthma 1-2-3* workbook (page 4) identifying controller and rescue medications



### Problem

#### Patient doesn't know when to take asthma medicines

1. Review the prescription label to determine when and how the patient should take the medicine and review this with them
2. Write instructions on page 4 of *Asthma 1-2-3* workbook
3. Follow the procedures above for distinguishing controller and rescue medicines



### Problem

#### Patient substitutes asthma medications for CAM

1. Ask patient why they use CAM instead of prescribed medicines
  - Ask them how the CAM affects their symptoms
  - If ACT indicates ongoing asthma symptoms, use this information to show how CAM does not completely treat their asthma, and why controller medicine still important
2. Elicit their concerns about their asthma controller medicine
  - Address medicine concerns as described in Side Effects
3. Clarify that CAM can often be used along with the asthma medications, but first must check with their PCP to make sure it is safe to use both
4. Provide *Asthma 1-2-3* page 3 to reinforce the learning
5. Ask patient's permission to notify the doctor that patient is using CAM

“ It's important for your doctor to know about all of the medicines you are taking. Would it be alright for me to let him/her know that you're using.



### Goal Setting

1. Complete the SAMBA Goal Sheet with patient
2. Sample Goal
  - I will put my asthma medication sheet on the refrigerator door to remember which are my controller and rescue medicines



**Communicate  
with PCP**

1. Identify the specific problem that was addressed
2. Ask PCP to reinforce the key learning points (e.g., distinguishing controller and rescue inhalers)
3. If needed: Notify PCP if patient is using CAM, ask PCP to review dosing schedule with patient (when to take medicines)

# MDI Technique<sup>17,18</sup>

## OBJECTIVE

Perfect MDI technique or use alternative strategies to optimize medication delivery.

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



Problem

## Poor Inhaler Technique

1. If available, introduce and demonstrate with a spacer
2. If no spacer, say

“ A spacer can help get all the medicine to your lungs. Without one, the medicine could wind up on your tongue or in the back of your throat. Ask your doctor about getting a spacer.

3. Review the steps that were done incorrectly

“ You did a nice job, but there are a few extra things you can do to make sure that you get all of the medicine into your lungs that you're supposed to. Even people who've been using inhalers for many years may not get all of the medicine into their lungs. Let me show you.

4. Demonstrate correct technique, emphasizing the steps that need attention
5. Ask patient to demonstrate again
  - Have them demonstrate with their own inhaler, taking a real puff
  - Ok for them to take up to 2 doses
6. Review MDI technique from *Asthma 1-2-3* (page 7), with special focus on problem steps
7. Re-evaluate MDI technique at all future visits

<sup>17</sup>(Press et al.)

<sup>18</sup>(Sobel et al.)



**MDI TECHNIQUE CHECKLIST**

	Attempt 1	Attempt 2	Attempt 3
Shakes inhaler (before attaching to spacer if they have one)	___0	___0	___0
Breathes out	___0	___0	___0
Closes lips around mouthpiece, making a tight seal	___0	___0	___0
Presses down fully on canister, and only once	___0	___0	___0
Breathes in slowly (no whistle if using a spacer)	___0	___0	___0
Holds breath for 5-10 seconds	___0	___0	___0
Removes from mouth before breathing normally	___0	___0	___0
Breathes normally for 30-60 seconds	___0	___0	___0
Repeats steps for their second puff	___0	___0	___0
<b>TOTAL:</b>	___/9	___/9	___/9

**If patient scores less than 9, review materials again and reassess. DO NOT repeat more than 3 times.**



**If patient scores 9, continue**



**Goal Setting**

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goals
  - I will exhale before taking my Symbicort each time every day
  - I will wait 30 seconds before taking my 2nd puff of Symbicort every day
  - I will ask my doctor to prescribe a spacer for me



Communicate  
with PCP

1. Point out specific inhaler technique problems, suggest the PCP re-view with patient
2. Suggest prescription for a spacer if patient doesn't have one
3. If patient cannot correctly perform technique after training during several visits with you, explain this to PCP and ask PCP to consider nebulized medication (Rescue: albuterol; Controller: budesonide)



Referral  
Resources

Aerochamber Spacer Devices: (800)-678-1605 • <http://www.aerochambervhc.com/>

For more information, see appendices of *Care Coach Manual*.

# DPI Technique<sup>19,20</sup>

## OBJECTIVE

Perfect DPI technique or use alternative strategies to optimize medication delivery.

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



Problem

## Poor DPI Technique

1. Review the steps that were done incorrectly

**“**You did a nice job, but there are a few extra things you can do to make sure that you get all of the medicine into your lungs that you’re supposed to. Even people who’ve been using inhalers for many years may not get all of the medicine into their lungs. Let me show you.

2. Demonstrate correct technique, emphasizing the steps that need attention
3. Ask patient to demonstrate again
  - Have them demonstrate with their own inhaler, taking a real puff
  - Ok for them to take up to 1 dose
4. Provide and review the DPI technique sheet from *Asthma 1-2-3* (page 7), again with special focus on problem steps
5. Re-evaluate inhaler technique at all future visits

<sup>19</sup>(Press et al.)

<sup>20</sup>(Sobel et al.)

**DPI TECHNIQUE CHECKLIST**

	Attempt 1	Attempt 2	Attempt 3
	Yes	Yes	Yes
Holds the inhaler level and flat	___0	___0	___0
Uses thumb to push it open	___0	___0	___0
Pushes second lever until it clicks	___0	___0	___0
Breathes out slowly	___0	___0	___0
Closes lips around mouthpiece to make a tight seal	___0	___0	___0
Breathes in quickly and deeply through mouth	___0	___0	___0
Removes inhaler from mouth	___0	___0	___0
Holds breath for 5-10 seconds then breathes out	___0	___0	___0
Closes DPI by sliding thumb grip back until it clicks	___0	___0	___0
<b>TOTAL:</b>	___/9	___/9	___/9



**If patient scores less than 9, review materials again and reassess. DO NOT repeat more than 3 times.**

**If patient scores 9, continue**



**Goal Setting**

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goals  
→ I will exhale before taking my Advair each time every day



**Communicate with PCP**

1. Point out specific inhaler technique problems, suggest the PCP re-view with patient
2. Suggest prescription for a spacer if patient doesn't have one
3. If patient cannot correctly perform technique after training during several visits with you, explain this to PCP and ask PCP to consider nebulized medication (Controller: budesonide)

# Asthma Medication Side Effects

## OBJECTIVES

Determine which side effects concerns the patient.

Address misconceptions.

Emphasize benefits.

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



### Problem

#### Medication Concerns

1. Identify specific concerns about medications

““ What worries do you have about your asthma medications?

→ Word prompts: **worry, side effects, addicted**

2. Identify reasons for the concerns

““ Why do you have these concerns?

3. Review page 4 “Side Effects” of *Asthma 1-2-3*

→ Address their specific misconceptions about side effects

4. Reassess beliefs

““ How much has this information affected your concerns about your medicine?

““ How likely are you to take your medicine every day?



### Goal Setting

1. Complete the SAMBA Goal Sheet with patient

2. Sample Goals

→ I will take my Advair every day

→ I will speak with my doctor if I have concerns about the side effects of my Advair



### Communicate with PCP

1. Inform the PCP about the patient’s specific concerns about medication side effects

# No Controller Medication

## OBJECTIVES

Determine reason patient has no controller medication.

Encourage patient to discuss a controller medication with PCP.

Increase patient activation to discuss with PCP.

Answer patient questions about a controller.

Some patients will not need a controller (This is determined by the PCP, their asthma control, etc.).

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



### Problem

#### Patient has poor asthma control, but does not have a controller medication

1. Discuss reason patient has no controller medication
2. If applicable, suggest that the patient brings up this issue with their PCP
  - Role play with patient to suggest ways of discussing this and to increase their level of patient activation
3. Assess understanding using teach-back; assess their interest in discussing with PCP



### Goal Setting

1. Complete the SAMBA Goal Sheet with patient
2. Sample Goals
  - I will ask my doctor about whether or not using a controller medicine will help me better prevent my asthma symptoms



### Communicate with PCP

1. Send the PCP the results of the Asthma Control Test you just did
2. Ask PCP to consider prescribing a controller due to patient's low asthma control

# Peak Flow Meter<sup>21,22</sup>

## OBJECTIVES

Introduce the peak flow meter (PFM)

Focus on the specific problems that were identified in the screener.

Patients who benefit from using a PFM

- Patients who do not recognize their symptoms as being part of asthma (e.g., cough)
- Patients who are unsure when their symptoms getting worse
- Patients who need objective guidance for use of the Asthma Action Plan

Use teach-back method to reinforce learning.

Some patients will not want to use a PFM—*this is ok*

- For those who are interested, help them obtain a PFM if needed
- Train them in proper use of the PFM technique



### Problem

1. Ask if patient has a PFM at home and uses it
2. If patient has PFM, ask them to demonstrate
  - Correct technique as needed
  - Record value on *Asthma 1-2-3* (page 21-22)
3. Review “Peak Flow Meter” in *Asthma 1-2-3* (pages 15-16)
4. Assess understanding using teach-back; assess their interest in using a PFM
5. If patient is interested, suggest that they use their PFM every morning to track their asthma



### Goal Setting

1. Complete the SAMBA Goal Sheet with patient
2. Sample Goals
  - Measure my peak flow, 1 time a day, twice a week, and write down the results
  - Measure my peak flow when I cough to see if the cough is because of my asthma

<sup>21</sup>(DeWalt et al.)

<sup>22</sup>(Sobel et al.)



Communicate  
with PCP

1. Send the PCP the results of the peak flow assessment you just did
2. Ask PCP to prescribe a PFM if the patient does not have one



Referral  
Resources

Personal Best Peak Flow Meters: <http://www.usa.philips.com/healthcare-product/HCHS755012/personal-best-peak-flow-meter>

For more information, see appendices of *Care Coach Manual*.



# Organization and Routine

## OBJECTIVE

Promote medication adherence by optimizing medication taking routine.

Focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.



## Problem

### Patient keeps controller medication in different place than their daily pills

1. Further define the problem
  - Ask where patient keeps asthma medicines and other medicines
  - Ask why they keep their medications there, how it helps them remember to take their medications

2. Elicit their ideas

“What ideas do you have to make it easier to remember to take your medications everyday?”

3. Build on the ideas they have
  - Encourage them to keep their asthma controller medicines with the pills they take everyday (the bathroom is often a good place)
  - Discourage them from carrying their controller medication with them

4. Emphasize

“Taking your controller medication every day is the best way to prevent an asthma attack.”

5. Review and Reinforce
  - Fitting Asthma into Your Life and Creating a Routine (*Asthma 1-2-3*, p. 11-12)



**Problem**

**Managing another health condition interferes with taking care of their asthma**

**Patient reports that taking their controller medicine disrupts life**

“ It can be challenging to take so many medications, but it is important to use your medicines the way your doctor told you to. Otherwise, they will not help you so much. One way to remember when to take your medicines is to create a schedule. Can we create a schedule for taking your medicines?

1. Fill in chart on page 12 of *Asthma 1-2-3* – help consolidate number of times patient has to take medicine.
  - For each medicine, write the number of pills or puffs patient should take at that time.

2. Emphasize

“ Taking your controller medication every day is the best way to prevent an asthma attack {or meeting their asthma control goals}.



**Goal Setting**

1. Complete the SAMBA Goal Sheet with patient
2. Sample Goals
  - I will keep my controller medication in the same place as my other medications



**Communicate with PCP**

1. Send the PCP concise summary of patient’s major problems

# Medication Costs

## OBJECTIVE

Identify sources of cost problems and solutions to address them.



Problem

### Skips medications because of cost

1. Identify the medications that are avoided because of cost

“ Which of your medications are too expensive?

“ Which of your medications do you avoid taking because of the cost?

2. Action: notify social worker and physician
  - Physician may switch the patient to lower cost medications
  - Social worker may help them with their insurance coverage
  - Other strategies: use a discount pharmacy, like Target or Walmart (\$4 copayments on many drugs)



Problem

### Change of medication formulary/their medications are no longer covered by their insurance

1. Identify the medications that are affected by insurance coverage issues

“ Which of your medications is no longer covered by your insurance?

2. Action: notify social worker and physician
  - Physician may switch the patient to different medications
  - Social worker may help them with their insurance coverage



Goal Setting

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goal
  - Follow up with physician or social worker about the medication cost issues



Communicate  
with PCP

1. Report to the physician that the patient is not taking medication because of cost or coverage problems
2. Suggest social work referral if indicated



Referral  
Resources

Center for Health Care Strategies: Achieving Better Care for Asthma Toolkit (Designed for health insurance plans): [www.chcs.org/usr\\_doc/AchievingBetterCareForAsthmaToolkit.pdf](http://www.chcs.org/usr_doc/AchievingBetterCareForAsthmaToolkit.pdf)

For more information, see appendices of *Care Coach Manual*.

# Emotional Triggers: Mindfulness<sup>23,24</sup>

## OBJECTIVE

Give patient tools to better handle emotions and stay relaxed in order to prevent emotional asthma



Problem

### Patient is experiencing emotional asthma

1. Discuss ways emotional asthma affects patient

““ Can you tell me about a time that your emotions caused your asthma to get worse?

““ What did you do to handle those symptoms?

2. Action: Provide patient with ways of handling their emotions to stop worsening asthma symptoms

→ **Breathing and Mindfulness Tips**

Review *Asthma 1-2-3* (page 13)

““ Emotions can trigger asthma symptoms. Belly breathing is one trick that can help calm your body and mind. When you are stressed, it is easy to take quick, short breaths. Belly breathing is taking slow, deep breaths from your belly. Mindfulness can also help to calm your thoughts. Mindfulness is taking a moment to stop and pay attention to how your body feels. We can talk about a breathing exercise that you can do to help calm your thoughts and help you relax when your emotions cause your asthma to get worse. You can do this exercise anywhere and at any time.

<sup>23</sup>Adapted from (Innocenti DM and Troup F)

<sup>24</sup>(Sobel et al.)

→ **Slow Deep Breathing Exercise**

(Review and Practice with Patient)

1. Lie down or sit comfortably
2. Place one hand on your belly
3. Close your eyes and try to be still
4. Let your body relax. Let go of any tension and let your muscles get heavy
5. Be willing to notice any thoughts that arise. Make note of them, and then let them go
6. Breathe in slowly through your nose. Breathe in deeply, filling your belly with air. You should feel your hand rise.
7. Breathe out slowly through your nose. Let your muscles relax even more as you breathe out
8. Repeat the deep breaths, until your mind and body feel calm and present
9. Try to focus on the air coming in and out and how it feels. This will help you stay in the moment

→ **Meditation**

Review *Asthma 1-2-3* (page 14)

“Meditation can help you relax, be kind to yourself, and stay in control of your emotions. There are many different ways to meditate, but I can tell you one way you can do this.

→ **Meditation Exercise**

(Review and Practice Exercise with Patient)

1. Lie down or sit comfortably
2. Try to be still
3. Let your body relax. Let go of any tension and let your muscles get heavy
4. Read each saying below slowly. At the end of the phrase, take a moment to pause
  - I give myself permission to be safe
  - I give myself permission to be healthy
  - I give myself permission to have ease of body and mind
  - I give myself permission to be at peace
  
  - May my loved ones be safe
  - May my loved ones be healthy
  - May my loved ones have ease of body and mind
  - May my loved ones be at peace
5. Repeat as many times as you would like



### Goal Setting

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goal
  - I will use meditations and mindfulness when my emotions start to make my asthma symptoms worsen



### Communicate with PCP

1. Report to the physician that the patient's emotions are triggering their asthma

# Depression and Anxiety

## OBJECTIVE

Identify possible depression or anxiety and make appropriate referral.



### Problem

#### Positive depression (PHQ-2) or anxiety (GAD-2) screening

“Your responses to these questions (PHQ-2 or GAD-2) suggest that your mood or emotions may be preventing you from taking the best possible care of your asthma. Would it be alright if I spoke to your doctor about it? He/she may have some ways of helping.”



### Communicate with PCP

1. Report findings to the physician (Patient scored positive on the PHQ-2 or GAD-2)
2. Say that depression or anxiety may be contributing to poor asthma control for this patient
3. Suggest a full assessment of the patient for anxiety and/or depression
4. Ask if physician would like you to aid the patient in scheduling an additional appointment to address this



# Cognition

## OBJECTIVE

Address memory impairments that may contribute to poor asthma self-management.



Problem

### Low score on dementia screening tool

“ Your answers to this test suggest that you may have some problems with your memory. Do you think this is true?

“ Sometimes people with memory problems have difficulty taking their medications everyday. What do you do to remember to take your medicines?

1. Work on medication organization strategies (*Asthma 1-2-3*, p. 11-12)



Goal Setting

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goal
  - Enact a new strategy for medication organization and remembering to take medications



Communicate with PCP

1. Report findings to the physician
2. Suggest that further cognitive assessment may be needed
3. Suggest home visits

# Environmental Triggers<sup>25,26</sup>

## OBJECTIVE

Provide helpful tips on how to minimize exposure to asthma triggers.

Review general environmental issues, then focus on the specific problems that were identified in the screener.

Use teach-back method to reinforce learning.

Ask if the patient knows what in their home may trigger their asthma

Acknowledge that some triggers are easier to control than others and that the patient, family members and the building's landlord all have a role in this

“Many people have things in their home that can trigger asthma. Some triggers may bother you more than others. In general, it is good to know what these are so that you can avoid them. Do you know what triggers your asthma? Let's look at page 5 and 6 in the *Asthma 1-2-3* book and tell me which triggers you think make you feel worse.



### Problem

#### Dust and Dust Mite Exposure

- 1. Problem: Carpet**
  - Describe how carpet can collect dust and trigger asthma
  - Emphasize importance of regularly vacuuming
  - Recommend using a hepa-filtered vacuum, if possible
  - Recommend having carpeting removed, if possible
- 2. Problem: No Allergy Covers for Pillow and Mattress**
  - Describe how pillows and mattresses can contain dust mites – which can trigger asthma
  - Using allergy covers can reduce exposure to dust mites
  - Recommend purchasing allergy covers, if possible
- 3. Problem: Infrequent Bed Washing**
  - Describe importance of bed washing regularly
  - Hot water

<sup>25</sup>(DeWalt et al.)

<sup>26</sup>(Sobel et al.)



### Problem

#### Water Damage or Mold/Mildew

1. Describe how water damage, mold and moisture can trigger asthma
2. Participants household should ventilate apartment regularly
3. The leaseholder should report water damage, mold and ventilation problems to the landlord
4. The landlord should find the source of the moisture, improve ventilation and carefully remove moldy building materials



### Problem

#### Infrequent Cleaning

1. Describe how cleaning can often trigger asthma symptoms
2. Inquire if someone else could assist with the cleaning
3. Provide participant with instructions on cleaning methods and products that are safer



### Problem

#### Rodents and Pests

1. Describe how rodents and pests can trigger asthma symptoms
2. Describe recommended strategies to get rid of pests
  - Sticky traps
  - Poison bait
  - Exterminator
  - Putting food in containers
  - Removing garbage
3. Discourage the use of not recommended strategies
  - Pesticide spray
  - Foggers
  - Chinese chalk, Temp
4. If patient is eligible, offer a referral to DOH's free Pest Control service.



### Problem

#### Pets

1. Describe how pets can often trigger asthma symptoms
2. Encourage participant to minimize pets access to bedroom



### Problem

#### Smoke Exposure

1. Determine source of second hand smoke exposure
2. If there are smokers in the home
  - Gauge patients perception of the willingness of smokers to smoke elsewhere
  - Engage the smokers in the conversation to identify a solution
3. If smoke enters the home from elsewhere
  - Recommend ways to reduce smoke entering home
  - Installing a window exhaust fan and a product that will prevent smoke from passing under a door
  - Another option is placing no smoking signs in the common area (e.g. front door); no-smoking signs may be provided by the Department of Health



### Goal Setting

1. Complete the SAMBA Goal Sheet with patient if chooses this topic as goal
2. Sample Goals
  - I will take out the garbage every day for the entire month.
  - I will tell the building manager on [Date] that there is mold in my bathroom.



### Communicate with PCP

1. Identify the patient's environmental exposures
2. Inform the PCP of the action steps taken



### Referral Resources

- New York City Housing Authority (NYCHA): [www.nyc.gov/NYCHA](http://www.nyc.gov/NYCHA)
- Privately Owned Housing: Overseen by Housing Preservation and Development (HPD)
  - "The ABC's of Housing: Housing Rules and Regulations for Owners and Tenants": <http://www.nyc.gov/html/hpd/downloads/pdf/ABCs-housing-singlepg.pdf>
  - HPD Online Web Portal: [http://hpdonline.hpdnyc.org/HPDOnline/provide\\_address.aspx](http://hpdonline.hpdnyc.org/HPDOnline/provide_address.aspx)
- DOH Free Pest Control (Eligibility requirements in manual): Referrals to [ipm@health.nyc.gov](mailto:ipm@health.nyc.gov)
- DOHMH "A Healthy Homes Guide" Publications
- Environmental Triggers of Asthma: [www.atsdr.cdc.gov/HEC/CSEM/asthma/index.html](http://www.atsdr.cdc.gov/HEC/CSEM/asthma/index.html)
- Environmental Health Watch: [http://www.ehw.org/Asthma/ASTH\\_home1.htm](http://www.ehw.org/Asthma/ASTH_home1.htm)
- EPA National Asthma Program: <http://www.epa.gov/asthma/>

# Smoking Cessation

## OBJECTIVE

Promote tobacco use cessation.

Use teach-back method to reinforce learning.



Problem

### Patient is a smoker

“ How concerned are you about your smoking?

“ How interested are you in quitting smoking?

→ If interested, review “Ready, Set, Quit” on pages 17 & 18 on *Asthma 1-2-3*

1. Be supportive:
  - Acknowledge that quitting is very challenging, but most people who try to quit eventually are successful
  - It may take multiple tries to successfully quit
  - Quitting gets easier with time and their health will start to get better right away



Goal Setting

1. Complete the SAMBA Goal sheet with patient if chooses this topic as goal
2. Sample Goals
  - Set a quit date
  - Think about quitting



Communicate  
with PCP

1. Report findings from this encounter and actions taken

# Alcohol Use<sup>27</sup>

## OBJECTIVES

Determine whether alcohol use may be interfering with asthma self-management and control

Provide assistance to reduce the threat of alcohol to management of asthma and other health issues



Problem

### Risky or hazardous drinking (AUDIT score 8-15)

1. Explore the issue

“ How does your drinking affect the way you take care of your asthma and other chronic health problems?

2. Brief intervention

- Feedback of AUDIT
- Review health harms of heavy alcohol use (review Rethinking Drinking p. 5)
- Harm reduction advice – cutting down (review Rethinking Drinking p. 8-11)
  - Review Rethinking Drinking p. 8-11
  - Determine which actions they want to take
  - Have them complete Rethinking Drinking p. 14



Problem

### High risk or harmful drinking (AUDIT score 16-19)

1. Same procedures as for Risky/Hazardous drinking

2. Discuss alternative options for the patient and let them choose

- Direct referral to community-based alcohol treatment programs
- Direct referral to social work (further explore the issue, help with referrals, follow up)

3. Ask permission from the patient to discuss their drinking problems with their PCP

<sup>27</sup>(Babor et al.)

**Problem****High risk, possibly dependent (AUDIT score 20+)**

1. Discuss alternative options for the patient and let them choose
  - Direct referral to community-based alcohol treatment programs
  - Direct referral to social work (further explore the issue, help with referrals, follow up)
2. Ask permission from the patient to discuss their drinking problems with their PCP

**Goal Setting**

1. If patient is willing, complete "Ready to Begin" worksheet in Rethinking Drinking, p.14
2. Complete the SAMBA Goal sheet for additional actions to take

**Communicate  
with PCP**

1. If patient gives you permission to discuss this issue with their PCP, identify the problem and the actions taken







# Wrap-Up Materials





# Encounter Wrap Up



## SCHEDULE NEXT ENCOUNTER

### Schedule next visit

Next Session Date: \_\_\_\_\_ Next Session Time: \_\_\_\_\_

### If meeting in the clinic, explain what patient should bring to first meeting.

(Bring all that applies to participant)

1. All medicines, including asthma inhalers and pills
2. Spacer
3. Peak Flow Meter
4. Asthma Action Plan





# SAMBA Session Summary

Session Date: \_\_\_\_\_

Session Time: \_\_\_\_\_

My Asthma Coach: \_\_\_\_\_

Asthma Coach Phone Number: \_\_\_\_\_



My SAMBA Goal for the week of \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1. What is your goal for this week (what will you do)?

2. Where will you do it?

3. When will you do it?

4. Who can help you make your plan a success?

5. What might get in the way of your plan?

6. What can you do to make sure your plan works if something gets in your way?

7. How can I (your coach) support you?

8. On a scale of 1 - 10....

→ How ready are you to work on this goal? \_\_\_\_\_

→ How important is this goal to you? \_\_\_\_\_

→ How sure are you that you will reach this goal? \_\_\_\_\_



My Next  
Appointment

Next Session Date: \_\_\_\_\_

Next Session Time: \_\_\_\_\_

Next Session Location: \_\_\_\_\_

Next time we meet, please bring:

1. All Your Medications
2. Spacer
3. Peak Flow Meter
4. Asthma Action Plan
5. Asthma 1-2-3



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