

How do you benefit by participating in the program?

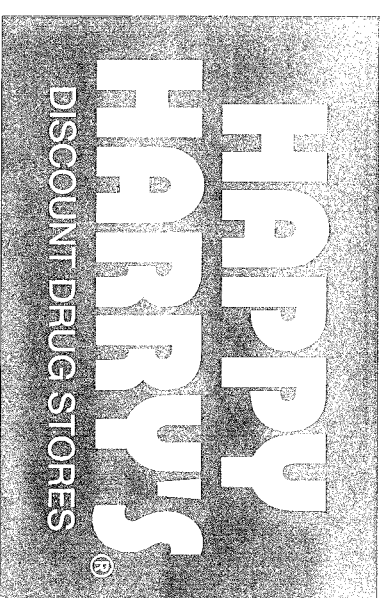
- You have the opportunity to have specially trained pharmacists provide you with an advanced level of professional pharmacy Asthma Care
- You will receive a free spacer device to assist you in properly using your inhalers
- You may be eligible to receive, if deemed necessary and appropriate for your care, a free Koko Peak digital peak flow meter (a \$79.95 value)



For additional information about this program, please call the Happy Harry's Pharmacy Care Center at 302-656-4333 or speak with a pharmacist at any of the 4 participating pharmacy locations.



**HAPPY
HARRY'S**
DISCOUNT DRUG STORES®



ASTHMA CARE PROGRAM

As a participant in the State of Delaware employee benefits plan, you may be eligible to participate in this new exciting study program designed to assist you in the treatment and management of your Asthma.



At Happy Harry's our goal is to provide the best professional pharmacy care available to our patients. In this program we are assessing methods of providing progressive, innovative and practical methods for pharmacists working in a community setting to improve the lives of patients with Asthma.

If you meet the following criteria you may be eligible to participate:

- You are covered under the State of Delaware employee benefits plan
- You are 12 years of age or older (patients between 12 years to under 18 require parental consent for enrollment)
- You have been diagnosed by your health care provider as having Asthma

What does participation in the program involve?

- An initial screening by a Happy Harry's pharmacist to assess your asthma control at your participating Happy Harry's program location
- If deemed necessary as the result of your assessment:
 - Receiving education, instruction, or counseling from your Happy Harry's pharmacist to help you improve the control and management of your Asthma
 - Possible referral to a specially trained Happy Harry's Certified Asthma Educator Pharmacist for participation in a series of Asthma education & management sessions
 - Possible referral to your Asthma specialist, primary care physician or other health care provider
 - Participation in a minimum of 2 follow-up screenings from the date of enrollment in the program
 - Participation in a final assessment and evaluation at the conclusion of the program

Participating Locations

Fairfax Shopping Center
2119 Concord Pike
Wilmington, DE 19703
(302) 656-4333

Union Street
1313 N. Union Street
Wilmington, DE 19806
(302) 658-1381

Smyrna
217 Stadium Street
Smyrna, DE 19977
(302) 653-8528

Milford
701 N. DuPont Hwy., Suite 2000
Milford, DE 19963
(302) 424-6300

Name: _____

Date: _____

Asthma Initiative Questionnaire Form 1

1) What were you told this medication is for?

- ☐ Asthma
- ☐ COPD
- ☐ Bronchitis
- ☐ Other. Please specify _____
- ☐ Don't know

2) Do you have a "rescue" medicine for quick-relief of symptoms when your asthma acts up?

- ☐ Yes and I know which medicine it is
- ☐ Yes, but I don't know which medicine it is
- ☐ No, I don't have a quick-relief / "rescue" medicine
- ☐ I don't know if I have a quick-relief / "rescue" medicine or not

3) Review of Asthma Control Using Rules of Two

a. Do you use your quick-relief / "rescue" medicine more than 2 times per week?

- ☐ Yes
- ☐ No

b. Do you awaken at night with asthma symptoms more than 2 times per month?

- ☐ Yes
- ☐ No

c. Do you refill your quick-relief / "rescue" medicine more than 2 times per year?

- ☐ Yes
- ☐ No

4) Do you have a maintenance / "controller" medicine?

- ☐ Yes and I know what it is
- ☐ Yes, but I don't know what it is
- ☐ No
- ☐ I don't know

5) If you have a maintenance / "controller" medicine, how often do you use it?

- ☐ More than two times a day
- ☐ Twice a day
- ☐ Once a day
- ☐ Most days (4 or more days a week)
- ☐ Some days (2 or 3 days a week)
- ☐ Rarely or never (once a week or less)

6) How often do you use a peak flow meter?

- ☐ At least once a day
- ☐ At least once a week but less than once a day
- ☐ Only when my asthma is acting up
- ☐ I never use a peak flow meter

7) Do you have an asthma action plan written down to tell you exactly what to do when you feel your asthma is acting up?

- ☐ Yes and I have it memorized
- ☐ Yes, but I don't have it memorized
- ☐ No
- ☐ I don't know

8) How many times did you visit the emergency room because of asthma in the past 6 months? _____

9) How many times were you admitted to the hospital because of asthma in the past 6 months? _____

10) What bothers you most about your asthma? _____

Name: _____

Date: _____

Asthma Initiative Asthma Questionnaire Form 2

- ☐ Prescription is for a rapid acting relief medication
 - ☐ Rx has been filled more than two times in the last year
 - ☐ Rx is coming up too soon to be refilled
 - ☐ Rx is coming from the emergency room and is a refill
- ☐ Prescription is for a long acting maintenance medication
 - ☐ Rx is getting filled long after the due date
 - ☐ Rx is coming up too soon to be refilled
- ☐ Prescription is for a short course of oral steroids along with other asthma relief medications
- ☐ Prescription is for a long acting maintenance medication but patient does not have a rapid acting relief medication in profile
- ☐ Obvious to the pharmacist that the patient is not under good control
How? _____
- ☐ Observation of patient's inhaler technique:
Comments: _____

Pharmacist: _____ Store# _____

Patient Classification:

- ☐ Non-Intervention Group
- ☐ Intervention Group 1
- ☐ Intervention Group 2
- ☐ Intervention Group 3
- ☐ Intervention Group 4

Documentation of Pharmacist Intervention – FORM 3

Patient Name: _____

Date: _____

Patient Phone #: _____

DOB: _____

Pharmacy Store #: _____

Asthma Meds: _____

Did the patient agree to participate and sign the consent form?

☐ Yes

☐ No

Talked to patient about

- ☐ Pt taking too much quick relief medication
- ☐ Asking doctor about need for long-term controller medicine
- ☐ Importance of taking the long-term controller medicine daily as prescribed
- ☐ Differences between medications
- ☐ Asking doctor about the need for a written asthma action plan
- ☐ Proper inhaler / device technique
- ☐ Using a spacer device
- ☐ Using a peak flow meter
- ☐ When to contact the physician or go to the emergency room
- ☐ Referral to the Happy Harry's Asthma Care program
- ☐ Patient given educational materials
- ☐ Other: _____

Contacted physician about

- ☐ Overuse of quick-relief medicine
- ☐ Need for quick-relief medicine
- ☐ Starting long-term controller medicine
- ☐ Patient not taking medication as prescribed
- ☐ Need to monitor with a peak flow meter
- ☐ Need for asthma action plan
- ☐ Reinforcing proper inhaler / device technique
- ☐ Need for a spacer device
- ☐ Information regarding Happy Harry's Asthma Care Program
- ☐ Other: _____

Physician was contacted via

☐ Phone ☐ Fax

Name of physician: _____

Number used: _____

Notes: _____






Time spent: _____

Pharmacist: _____






Asthma Impact Survey™

This survey was designed to help you describe your asthma and how your asthma affects how you feel and what you are able to do. To complete it, please mark an ☐ in the one box that best describes your answer.






1. In the past 4 weeks, how much did your asthma limit your usual activities or enjoyment of everyday life?

Not at all	A little	Moderately	Quite a lot	Extremely
				
<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 13






2. In the past 4 weeks, how often did your asthma limit you in performing your usual daily activities, including housework, work, school or social activities?

Never	Rarely	Sometimes	Very Often	Always
				
<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 13






3. In the past 4 weeks, how often did your asthma keep you from socializing?

Never	Rarely	Sometimes	Very Often	Always
				
<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 13






4. In the past 4 weeks, how often did you feel fed up or frustrated because of your asthma?

Never	Rarely	Sometimes	Very Often	Always
				
<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 13

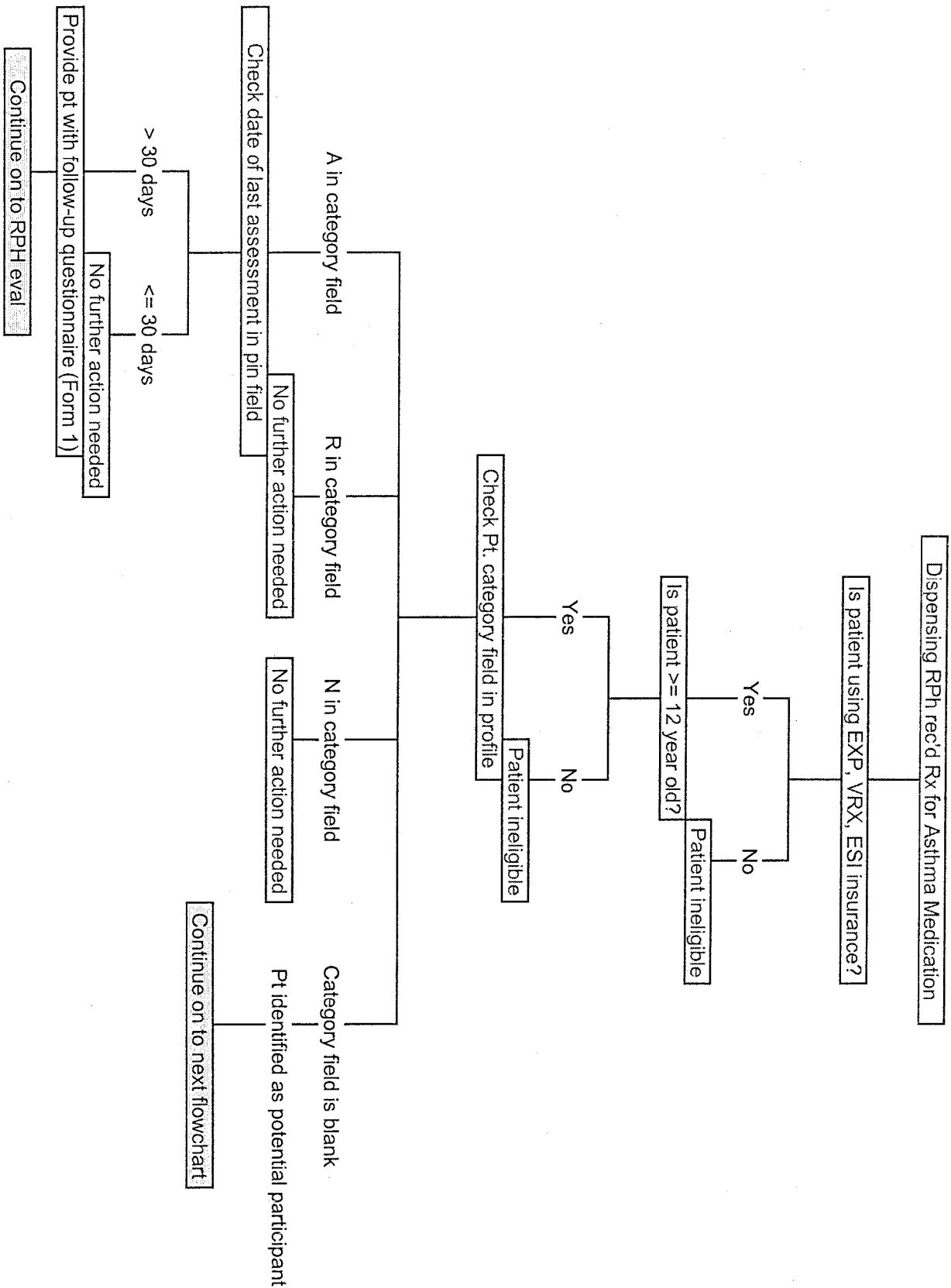
5. In the past 4 weeks, how often did your asthma leave you too tired to do work or daily activities?

Never	Rarely	Sometimes	Very Often	Always
				
<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 13

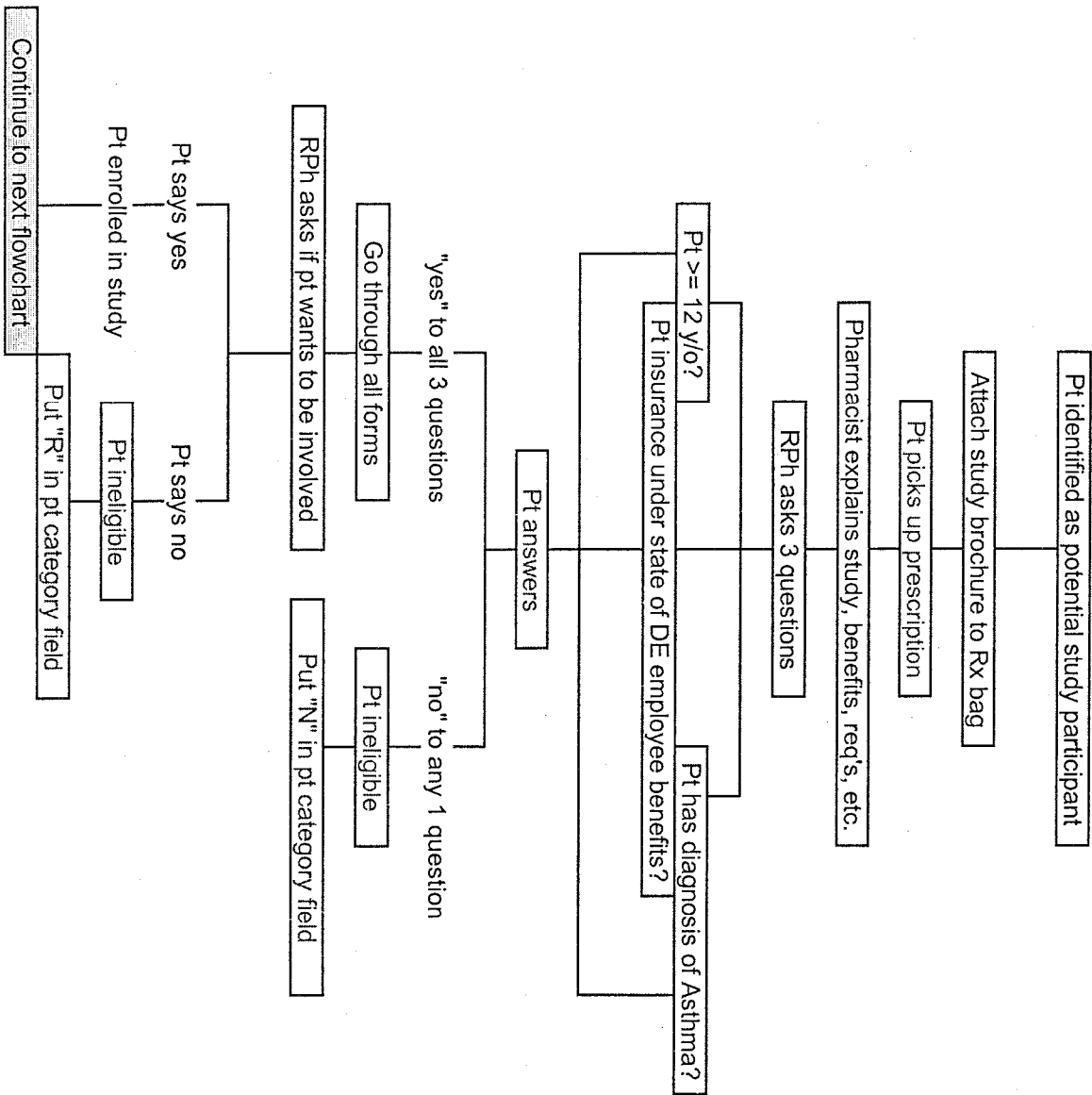
6. In the past 4 weeks, how often did your asthma keep you from getting as much done at work or at home?

Never	Rarely	Sometimes	Very Often	Always
				
<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 13

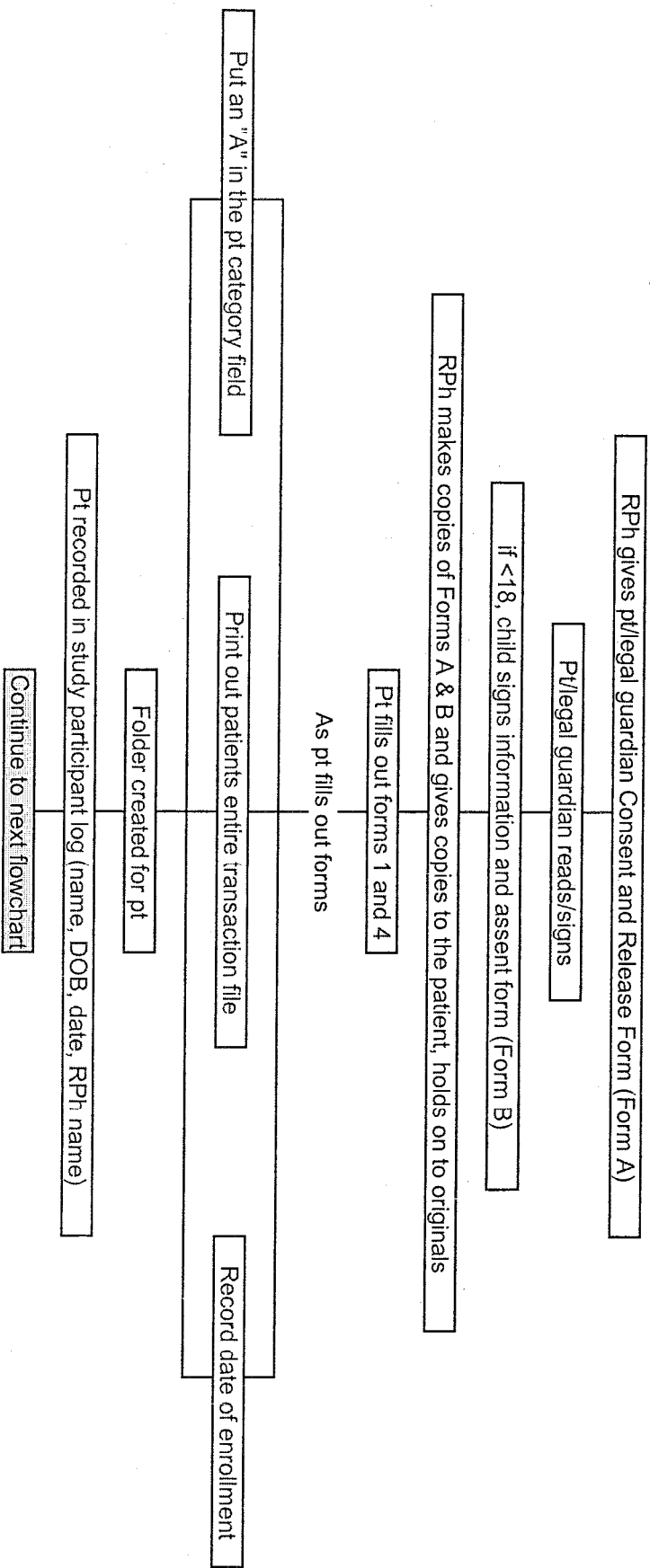
Thank you for completing these questions!



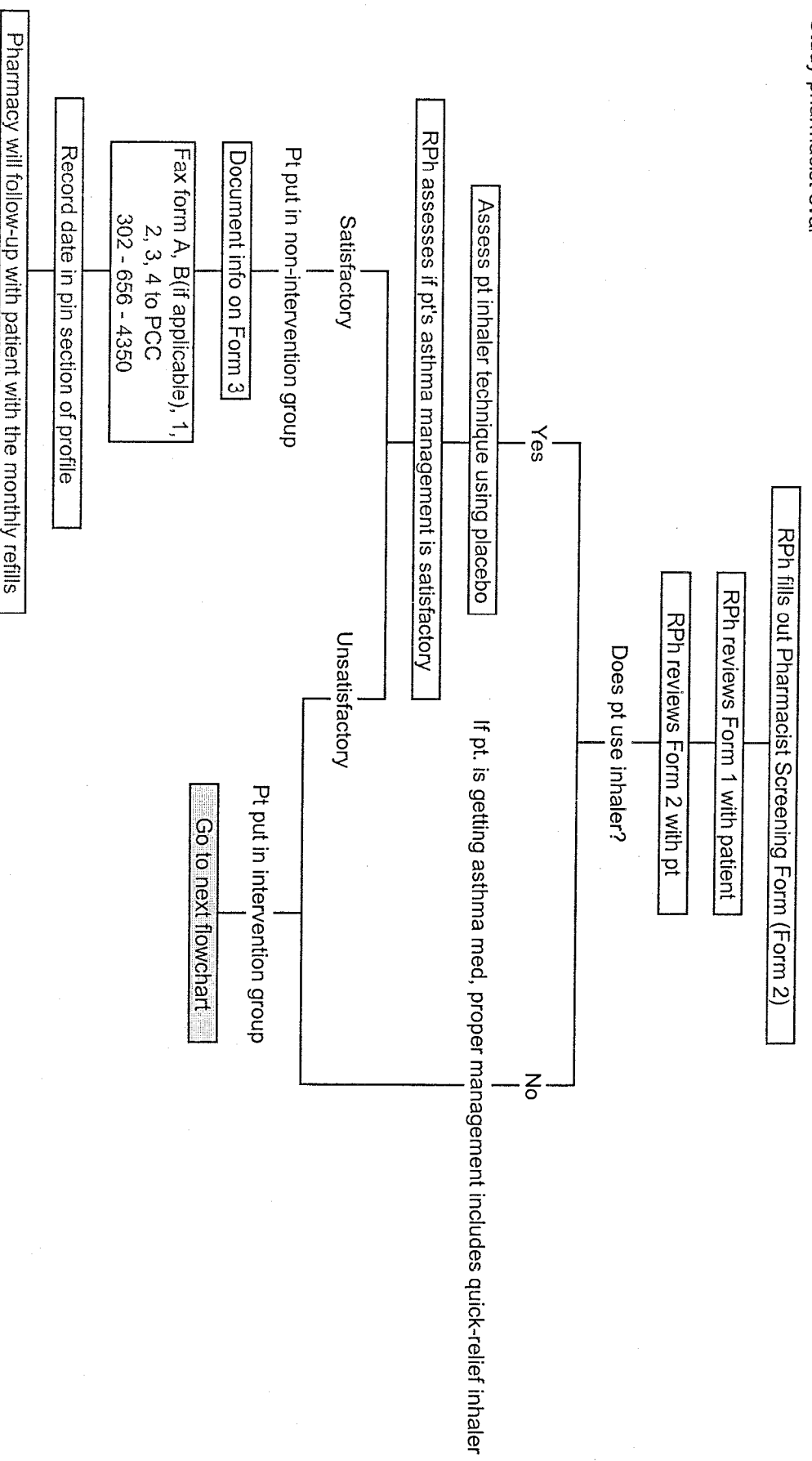
Pt identified as potential participant



Pt newly enrolled in ACII study



Study pharmacist eval



Intervention Groups

