DISCOUNT DRUG STORES

HAPPY

HAPPY

PROGRAM

Asthma Care

program designed to assist you in the management and treatment of your asthma.

For additional information about this program, please call the Happy Pharmacy Care Center at 302-956-4333 or speak with a participating pharmacist at any of the 4

302-356-4333 or speak with a

participating pharmacist located at Happy's Pharmacy Care Center in Delaware.

Peak digital peak flow meter

mitigate for your care, a free koko

it deemed necessary and appro-

You may be eligible to receive:

using your inhalers
device to assist you in properly

You will receive a free spacer
drugstore Care

advanced level of professional

crisis planning you will have an

You have the opportunity to

the program.

How do you benefit

by participating in

(4 $79.97 value)
Participating Locations

Program at the conclusion of the assessment and evaluation
Participation in a health care provider health care plan or other
Participating in a minimum of 2 follow-up screenings
Participating in a minimum of 2 follow-up screenings

management of Your Asthma
improve the control and
improvement to help you
with asthma, Happy
instruction, or counseling
receiving education
result of your assessment:
if deemed necessary as the
management intervention
Happy’s Program Location
Happy’s Program Location

An initial screening by a
Program Involved

What does

It is possible to participate:
Criteria you may be eligible

If you meet the following

with asthma

to improve the lives of patients
working in a community setting
practical methods for pharmacists
progressively improve and
assessing methods of providing
pharmacists in this program, we are
provide the best professional
pharmacy care available to our

you have been diagnosed by

(Insurance for enrollment)

under 18 require parental

participates between 12 years to

You are 12 years of age or older

benefits plan

state of Delaware employee

You are covered under the

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You have been diagnosed by

(Insurance for enrollment)
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? ________________________________
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**

<table>
<thead>
<tr>
<th>Patient Name: ________________________</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Phone #: ______________________</td>
<td>DOB: __________</td>
</tr>
<tr>
<td>Pharmacy Store #: ________________</td>
<td></td>
</tr>
<tr>
<td>Asthma Meds: __________________________</td>
<td></td>
</tr>
</tbody>
</table>

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**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: ____________________________

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**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: ____________________________

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**Physician was contacted via**
- [ ] Phone
- [ ] Fax

**Name of physician:** ______________________

**Number used:** ______________________

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**Notes:**

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**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?**

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Quite a lot</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 6</td>
<td>☐ 9</td>
<td>☐ 10</td>
<td>☐ 11</td>
<td>☐ 13</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 6</td>
<td>☐ 9</td>
<td>☐ 10</td>
<td>☐ 11</td>
<td>☐ 13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
</tr>
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<tbody>
<tr>
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<td>☐ 9</td>
<td>☐ 10</td>
<td>☐ 11</td>
<td>☐ 13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
</tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
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<td>☐ 11</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Very Often</th>
<th>Always</th>
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</table>

*Thank you for completing these questions!*
Pt enrolled in study

Pt says no

Pt enrolled in study

Pt eligible

Pt "N" in pl category field

Pt asks if pt wants to be involved

Pt eligible

Pt "N" in pl category field

Pt "N" to all questions

Pt answers

Pt insurance under state or DE employee benefits?

Pt has diagnosis of Asthma?

Pt says yes to all 3 questions

Pt identifies as potential study participant

Pt identifies as potential study participant

Pharmacist explains study, benefits, etc., etc.

Pt picks up prescription

Pt study brochure to Rx bag

Pt says yes to all 3 questions

Pt eligible

Pt says yes

Pt identifies as potential study participant

Pt identifies as potential study participant

Pt says yes to all 3 questions

Pt eligible

Pt says yes
Pharmacy will follow-up with patient with the monthly refills.

Record date in pin section of profile.

302 - 666 - 4350

Rx form A (if applicable), 1'

Document Info on Form 5

Pt put in non-intervention group

Satisfaction

Rph: assess if pt's asthma management is satisfactory

Assess pt's inhaler technique using placebo

If pt is getting asthma med, proper management includes quick-relief inhaler.

No

Pt put in intervention group

Unsatisfaction

Rph: reviews form 2 with pt

Rph reviews form 1 with patient

Rph fills out Pharmacist Screening Form (Form 2)

Study pharmacist eval

Does pt use inhaler?

Yes

Pt put in next flowchart