

Asthma Medication

Participant ID: _____

To collect data for this form, both inpatient and outpatient charts will be reviewed by the study coordinator.

1. Date of Chart Review:

(DD/MM/YYYY)

2. Has the participant ever been prescribed any of the medications listed below?

Yes
 No
(If yes, please mark the appropriate medication and dates the the participant was on the medication below.)

3. Advair?
Generic Name: Fluticasone and Salmeterol

Yes
 No

3a. Start Date:

(DD/MM/YYYY [Start Date = Date medication was started.])

3b. Start Dose?

(Start Dose = Dosage of medication started in mcg.)

3c. Has the participant STOPPED taking the medication?

Yes
 No

3d. Stop Date:

(DD/MM/YYYY [Stop Date=Date medication was stopped, if no stop date will assume medication is continuing])

3e. Medication restarted?

Yes
 No

3f. Restart Date:

(DD/MM/YYYY)

3g. Medication stopped?

Yes
 No

3h.. Stop Date:

(DD/MM/YYYY [Stop Date= Date medication was stopped, if no stop date will assume medication is continuing.])

3i. Medication restarted?

- Yes
 No

3j. Restart Date:

(DD/MM/YYYY)

4. Pulmicort?

Generic Name: Budesonide Inhalation

- Yes
 No

4a. Start Date:

(DD/MM/YYYY [Start Date= Date medication was started.])

4b. Start Dose:

(Start Dose = Dosage of medication in mcg.)

4c. Has the participant STOPPED taking the medication?

- Yes
 No

4d. Stop Date:

(DD/MM/YYYY [Stop Date= Date medication was stopped, if no stop date will assume medication is continuing.])

4e. Medication restarted?

- Yes
 No

4f. Restart Date:

(DD/MM/YYYY)

4g. Medication stopped?

- Yes
 No

4h. Stop Date:

(DD/MM/YYYY)

4i. Medication restarted?

- Yes
 No

4j. Restart Date:

(DD/MM/YYYY)

5. Flovent?

Generic Name(s): Fluticasone, Propionate Oral Inhaler

- Yes
 No

5a. Start Date:

(DD/MM/YYYY [Start Date=Date medication was started.])

5b. Start Dose?

(Start Dose = Dosage of medication started in mcg.)

5c. Has the participant STOPPED taking the medication?

Yes
 No

5d. Stop Date:

(DD/MM/YYYY [Stop Date= Date medication was stopped, if no stop date will assume medication is continuing.])

5e. Medication restarted?

Yes
 No

5f. Restart Date?

(DD/MM/YYYY)

5g. Medication stopped?

Yes
 No

5h. Stop Date?

(DD/MM/YYYY)

5i. Medication restarted?

Yes
 No

5j. Restart Date:

(DD/MM/YYYY)

6. Singulair?
Generic Name: Montelukast

Yes
 No

6a. Start Date:

(DD/MM/YYYY [Start date= Date medication was started.])

6b. Start Dose:

(Start Dose = Dosage of medication started in mg.)

6c. Has the participant STOPPED taking the medication?

Yes
 No

6c. Stop Date:

(DD/MM/YYYY [Stop Date=Date medication was stopped, if no stop date will assume medication is continuing.])

6d. Medication restarted?

- Yes
 No

6e. restart Date

(DD/MM/YYYY)

6f. Medication stopped?

- Yes
 No

6h. Stop Date?

(DD/MM/YYYY [Stop Date=Date medication was stopped, if no stop date will assume medication is continuing.])

6i. Medication restarted?

- Yes
 No

6j. Restart Date?

(DD/MM/YYYY)

7. Symbicort?

Generic Name(s): Budesonide, Formoterol

- Yes
 No

7a. Start Date:

(DD/MM/YYYY [Start Date= Date medication was started.])

7b. Start Dose:

(Start Dose = Dosage of medication started in mcg.)

7c. Has the participant STOPPED taking the medication?

- Yes
 No

7d. Stop Date:

(DD/MM/YYYY [Stop Date= Date medication was stopped, if no stop date will assume medication is continuing.])

7e. Medication restarted?

- Yes
 No

7f. Restart Date:

(DD/MM/YYYY)

7g. Medication stopped?

- Yes
 No

7i. Medication restarted?

- Yes
 No

7h. Stop Date:

(DD/MM/YYYY)

7i. Medication restarted?

- Yes
 No

7j. Restart Date:

(DD/MM/YYYY)

8. Qvar?

- Yes
 No

Generic Name: Beclomethasone dipropionate HFA

8a. Start Date:

(DD/MM/YYYYY [Start Date = Date medication was started.])

8b. Start Dose:

(Start Dose = Dosage of medication started in mg.)

8c. Has the participant STOPPED taking the medication?

- Yes
 No

8d. Stop Date:

(DD/MM/YYYY [Stop Date= Date medication was stopped, if no stop date will assume medication is continuing.])

8e. Medication restarted?

- Yes
 No

8f. Restart Date:

(DD/MM/YYYY)

8g. Medication stopped?

- Yes
 No

8h. Stop Date:

(DD/MM/YYYY)

8i. Medication restarted?

- Yes
 No

8j. Restart Date:

- Yes
 No
(DD/MM/YYYY)

9. Alvesco ?
(Generic name: Ciclesonide)

- Yes
 No

9a. Start Date:

(DDMMYYYY [Sate Date+ Date medication started])

9b. Start Dose:

9c. Has the participant STOPPED taking the medication?

Yes
 No

9d. Stop Date:

(DDMMYYYY[Stop date= date medication was stoped, if no stop date will assume medication is continuing.])

9e. Medication restarted?

Yes
 No

9f. Restart Date:

(DDMMYYYY)

9g. Medication stopped?

Yes
 No

9h. Stop Date:

(DDMMYYYY)

9i. Medication restarted?

Yes
 No

9j. Restart Date:

(DDMMYYYY)

10. AeroBid
(Generic name: Flunisolide)

Yes
 No

10a. Start Date:

(DDMMYYYY [Start date= Date medication started.])

10b. Start Dose:

10c. Has the participant STOPPED taking the medication?

Yes
 No

10d. Stop Date:

(DDMMYYYY {Stop date= Date medication was stopped, if no stop date will assume medication is continuing.})

10e. Medication restarted?

- Yes
 No

10f. Restart Date

(DDMMYYYY)

10g. Medication stopped

- Yes
 No

10h. Stop Date:

(DDMMYYYY)

10i. Medication restarted?

- Yes
 No

10j. Restart Date:

(DDMMYYYY)

11. Azmacort
(Generic name- Triamcinolone)

- Yes
 No

11a. Start Date:

(DDMMYYYY [Start date= Date medication started.]

11b. Start Dose:

11c. Has the participant STOPPED taking the medication?

- Yes
 No

11d. Stop Date:

(DDMMYYYY [Stop Date= Date medication was stopped, if no stop date will assume medication is continuing.]

11e. Medication restarted?

- Yes
 No

11f. Restart Date:

(DDMMYYYY)

11g. Medication stopped?

- Yes
 No

11h. Stop Date:

(DDMMYYYY)

11i. Medication restarted:

- Yes
 No

11j. Restart Date:

(DDMMYYYY)

12. Dulera
(Generic name- Mometasone and Foromoterol)

Yes
 No

12a. Start Date:

(DDMMYYYY [Start Date=Date medication started.])

12b. Start Dose:

12c. Has the participant STOPPED taking the medication?

Yes
 No

12d. Stop Date:

(DDMMYYYY [Stop DATE=Date medication was stopped, if no stop date will assume medication is continuing.])

12e. Medication restarted?

Yes
 No

12f. Restart Date:

(DDMMYYYY)

12g. Medication stopped?

Yes
 No

12h. Stop Date:

(DDMMYYYY)

12i. Medication restarted?

Yes
 No

12j. Restart date:

(DDMMYYYY)

13. Asmanex Twisthaler
(Generic name- Monetasone)

Yes
 No

13a. Start Date:

(DDMMYYYY)

13b. Start Dose:

13c. Has the participant STOPPED taking the medication?

Yes
 No

13d. Stop Date:

(DDMMYYYY [Stop date+ Date medication was stopped, if no stop date will assume medication is continuing.])

13e. Medication restarted?

- Yes
 No

13f. Restart Date:

(DDMMYYYY)

13g. Medication stopped?

- Yes
 No

13h. Stop Date:

- Yes
 No
(DDMMYYYY)

13i. Medication restarted?

- Yes
 No

13j. Restart Date:

(DDMMYYYY)