

Monthly Telephone Contact Checklist for Parent Mentors

Date of telephone contact: _____

Family ID#: _____

	Month 1	Identify triggers:
Identify all known triggers		
Discuss trigger avoidance and prevention		
Discuss trigger reduction strategies		
Wash bedding in warm water	Y / N	Barriers to trigger reduction strategies:
Establish "pet free" zones	Y / N NA	
Vacuum carpeted areas often	Y / N	
Damp dust surfaces daily	Y / N	
Change filters in air conditioners and humidifiers	Y / N NA	
Use of mattress covers	Y / N	
Avoid others who are sick	Y / N	
Taking steps to eliminate smoke in the home	Y / N NA	
Manage pests in the home	Y / N NA	
Eliminate heavy curtains and stuffed furniture	Y / N NA	
Manage mold in the home	Y / N NA	
Discuss peak flow green, yellow and red zones		
Do you have a peak flow meter?	Y / N	
Do you use your peak flow meter regularly?	Y / N	
Discuss physician asthma care plan		Comments about physician asthma care plan:
Do you have a physician asthma care plan?	Y / N	
Do you follow your physician asthma care plan?	Y / N	
Discuss the symptoms of a mild, moderate and severe asthma attack		
Discuss what do to for a mild, moderate, and severe asthma attack		
Do you have a written list of people to contact in an emergency at your home?	Y / N	

Discuss physician asthma care plan for school		Comments about physician asthma plan for school:
Do you have a physician asthma care plan for school?	Y / N	
Have you discussed the physician asthma care plan with school personnel?	Y / N	
Do you have a written list of people to contact in an emergency at your child's school?	Y / N	
Identify changes in the medications (type, dose, and/or frequency) the child is taking for asthma		Changes in medications within the past month:
		New Medications:
		Barriers to medication use:
Review daily v. rescue therapy		Barriers to medication use:
Does your child take their medications regularly?	Y / N	
Review the importance of scheduled and follow-up visits		Barriers to attending scheduled and follow-up appointments:
Do you attend all of your child's scheduled visits?	Y / N	
Do you attend all of your child's scheduled follow-up visits?	Y / N	
Identify next appointment with doctor		
Identify next follow-up appointment with doctor		
Identify the next monthly meeting with other asthma families		