



Asthma Checklist: A Tool for Implementing Guidances and Expert Reports in Practice

Health Care Providers and Patients Can Take Action Together to Help Control Asthma

Consider the patient’s preferences regarding goals, beliefs, and concerns about asthma and medications

ASSESS items that may be appropriate for your patient at this visit

This checklist is derived from multiple guidances and expert reports. Items provided are not all inclusive or mandatory. Please refer to the cited documents for more complete information. Only a health care clinician with their patient can decide which, if any, of these items are appropriate for a given clinical situation. The asthma checklist can be used independently of any control assessment (ie, Asthma Impairment and Risk Questionnaire (AIRQ®), Asthma Control Test (ACT™), Asthma Control Questionnaire (ACQ), Asthma Therapy Assessment Questionnaire (ATAQ)).

CONSIDER FOR ALL PATIENTS REGARDLESS OF ASTHMA CONTROL

- Adherence¹⁻³
- Appropriate Therapy^{1,2}
- Asthma Action Plan^{1,2,4}
- Inhaler Technique^{1,2,4}
- Psychological Issues^{1,2}
- Spirometry^{1,2,4}
- Tobacco Use^{1,2,5}
- Vaccinations^{1,2,6,7}

CONSIDER FOR PATIENTS WITH UNCONTROLLED SYMPTOMS AND/OR RISK FACTORS FOR EXACERBATIONS

- Asthma Phenotyping¹⁻³
- Comorbidities^{1,2}
- Home and/or Work Exposures^{1,2,4}
- Fast-acting bronchodilator with ICS as rescue^{1,2}
- Maintenance therapy adjustment^{1,2}
- Referral to an Asthma Specialty Center, or Other Appropriate Specialist or Health Care Provider in Your Area^{1,2}
- Alternative Diagnoses and Hidden Comorbidities^{1,2}
- Optimizing Therapy with Add-on or Advanced Treatment¹⁻³

Regardless of level of asthma control, consider referral to an asthma specialty center if your patient has, for example, a history of near-fatal asthma, confirmed food allergies or anaphylaxis, aspirin-exacerbated respiratory disease (AERD), allergic bronchopulmonary aspergillosis (ABPA), occupational asthma, or ≥ 2 systemic steroid bursts in a year^{1,2}



ICS, inhaled corticosteroid.

References: 1. GINA. Global Strategy for Asthma Management and Prevention, 2025. Accessed June 26, 2025. www.ginasthma.org. 2. National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Accessed June 26, 2025. https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. 3. GINA. Difficult-to-Treat & Severe Asthma Guide, 2024. Accessed June 26, 2025. <https://ginasthma.org/wp-content/uploads/2024/11/GINA-Severe-Asthma-Guide-2024-WEB-WMS.pdf>. 4. Asthma: Diagnosis, Monitoring and Chronic Asthma Management (BTS, NICE, SIGN). National Institute for Health and Care Excellence (NICE). Updated 2024. Accessed June 26, 2025. <https://www.nice.org.uk/guidance/ng245/resources/asthma-diagnosis-monitoring-and-chronic-asthma-management-bts-nice-sign-pdf-66143958279109>. 5. Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence. 2008. Accessed June 26, 2025. www.ahrq.gov/prevention/guidelines/tobacco/index.html. 6. Adult Immunization Schedule by Medical Condition and Other Indication. Centers for Disease Control and Prevention (CDC). Updated 2025. Accessed June 26, 2025. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-medical-condition.html>. 7. Child and Adolescent Immunization Schedule by Age. Centers for Disease Control and Prevention (CDC). Updated 2025. Accessed June 26, 2025. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.



ASSESS, ADJUST, AND REVIEW RESPONSE

Personalized Asthma Management for Adults and Adolescents 12+ Years

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ASSESS and ADJUST items for all patients regardless of asthma control

ASSESS	ADJUST	
	Education and skills training	Obtain diagnostic information necessary to treat modifiable risk factors and comorbidities; employ non-pharmacologic and/or therapeutic strategies
Adherence¹⁻³	Role of chronic inflammation and need for daily maintenance therapy Strategies to counteract adherence barriers	<input type="checkbox"/> Accommodate patient therapy preferences, when appropriate <input type="checkbox"/> Refer to appropriate social support services
Appropriate Therapy^{1,2}	Appropriate use of rescue and maintenance therapies	<input type="checkbox"/> Consider rescue therapy including both a fast-acting bronchodilator and anti-inflammatory <input type="checkbox"/> Adjust current level of therapy <input type="checkbox"/> Continue current therapy
Asthma Action Plan^{1,2,4}	When and how to use an asthma action plan	<input type="checkbox"/> Develop or update asthma action plan
Inhaler Technique^{1,2,4}	Proper technique for use of inhaler devices	<input type="checkbox"/> DPI education Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Nebulizer education Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> pMDI education Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Soft Mist education Review at next visit? <input type="checkbox"/> Y <input type="checkbox"/> N
Psychological Issues^{1,2}	Role of depression and anxiety in asthma	<input type="checkbox"/> Refer for counseling
Spirometry^{1,2,4}	Spirometry for diagnosis and management of asthma	<input type="checkbox"/> Spirometry <input type="checkbox"/> Spirometry: Pre-/post-bronchodilator
Tobacco Use^{1,2,5}	Active and passive tobacco smoke exposure	<input type="checkbox"/> Tobacco cessation counseling/pharmacotherapy
Vaccinations^{1,2,6,7}	Influenza virus Pneumococcal pneumonia	<input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Pneumococcal vaccine

Review Response: Schedule a visit to review your patient's response to the selected ADJUST items above. Review topics can include: symptoms, exacerbations, side effects, lung function, and patient (and parent) satisfaction. Timing of the review visit (2 weeks to 6 months) depends on clinical urgency and what changes to treatment have been made.^{1,2}

Regardless of level of asthma control, consider referral to an asthma specialty center if your patient has, for example, a history of near-fatal asthma, confirmed food allergies or anaphylaxis, aspirin-exacerbated respiratory disease (AERD), allergic bronchopulmonary aspergillosis (ABPA), occupational asthma, or ≥ 2 systemic steroid bursts in a year^{1,2}

DPI, dry powder inhaler; pMDI, pressurized metered dose inhaler.

References: **1.** GINA. Global Strategy for Asthma Management and Prevention, 2025. Accessed June 26, 2025. www.ginasthma.org. **2.** National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Accessed June 26, 2025. https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. **3.** GINA. Difficult-to-Treat & Severe Asthma Guide, 2024. Accessed June 26, 2025. <https://ginasthma.org/wp-content/uploads/2024/11/GINA-Severe-Asthma-Guide-2024-WEB-WMS.pdf>. **4.** Asthma: Diagnosis, Monitoring and Chronic Asthma Management (BTS, NICE, SIGN). National Institute for Health and Care Excellence (NICE). Updated 2024. Accessed June 26, 2025. <https://www.nice.org.uk/guidance/ng245/resources/asthma-diagnosis-monitoring-and-chronic-asthma-management-bts-nice-sign-pdf-66143958279109>. **5.** Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence. 2008. Accessed June 26, 2025. www.hhrq.gov/prevention/guidelines/tobacco/index.html. **6.** Adult Immunization Schedule by Medical Condition and Other Indication. Centers for Disease Control and Prevention (CDC). Updated 2025. Accessed June 26, 2025. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-medical-condition.html>. **7.** Child and Adolescent Immunization Schedule by Age. Centers for Disease Control and Prevention (CDC). Updated 2025. Accessed June 26, 2025. https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html.





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ASSESS and ADJUST items for patients with uncontrolled symptoms and/or risk factors for exacerbations

ASSESS	ADJUST: Consider referral to an asthma specialty center	
	Education and skills training	Obtain diagnostic information necessary to treat modifiable risk factors and comorbidities; employ non-pharmacologic and/or therapeutic strategies
Asthma Phenotyping ¹⁻³	Non-type 2 (Type 1) and Type 2 inflammation	<input type="checkbox"/> FeNO <input type="checkbox"/> Serum/sputum eosinophils <input type="checkbox"/> Total and specific serum IgE/skin prick tests
Comorbidities ^{1,2}	ABPA, chronic rhinosinusitis, eczema, food allergies, GERD, nasal polyposis, obesity, obstructive sleep apnea	<input type="checkbox"/> Allergen sensitization determination <input type="checkbox"/> Assess for ABPA <input type="checkbox"/> Nutrition and exercise consultations <input type="checkbox"/> Pharmacologic and/or immunotherapeutic treatments for comorbidities <input type="checkbox"/> Refer to comorbidity appropriate specialist <input type="checkbox"/> Remove or remediate relevant allergens <input type="checkbox"/> Sleep study
Home and/or Work Exposures ^{1,2,4}	Allergen, environmental, irritant, medication, or occupational exposures	<input type="checkbox"/> Environmental tobacco exposure <input type="checkbox"/> Indoor dampness or mold <input type="checkbox"/> Indoor or outdoor air pollutants <input type="checkbox"/> Medications (ACE inhibitors, beta-blockers, NSAIDs) <input type="checkbox"/> Noxious chemicals <input type="checkbox"/> Occupational allergens/sensitizers
Rescue Therapy Approach ^{1,2}	Inclusion of Intermittent ICS as part of Rescue Therapy	<input type="checkbox"/> Consider rescue therapy including both a fast-acting bronchodilator and anti-inflammatory
Level of Maintenance Therapy ^{1,2}	Appropriate maintenance therapy	<input type="checkbox"/> Adjust maintenance therapy
Alternative Diagnoses and Hidden Comorbidities ^{1,2}	Alternative cardiac, immunologic, or respiratory diagnoses	<input type="checkbox"/> Alpha-1 anti-trypsin disease test <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Cardiac function test <input type="checkbox"/> Challenge testing <input type="checkbox"/> Chest CT <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Collagen-vascular disease test <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Fungal precipitins <input type="checkbox"/> Immunoglobulin levels and subtypes <input type="checkbox"/> Indirect laryngoscopy <input type="checkbox"/> Lung volumes/Diffusing capacity of the lungs for carbon monoxide <input type="checkbox"/> Pre-/post-bronchodilator spirometry and flow volume loops <input type="checkbox"/> Sinus CT
Optimizing Therapy with Add-on or Advanced Treatments ¹⁻³	Asthma phenotypes, therapeutic options	<input type="checkbox"/> Add or switch biologic <input type="checkbox"/> Add third agent <input type="checkbox"/> Begin immunotherapy <input type="checkbox"/> Continue current therapy <input type="checkbox"/> Monitor for side effects <input type="checkbox"/> Discontinue/taper ineffective therapies <input type="checkbox"/> Consider bronchial thermoplasty <input type="checkbox"/> Step-up level of controller therapy

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ACE, angiotensin-converting enzyme; CT, computed tomography; FeNO, fractional exhaled nitric oxide; GERD, gastroesophageal reflux disease; ICS, inhaled corticosteroid; IgE, immunoglobulin E; NSAID, non-steroidal anti-inflammatory drug.
References: 1. GINA. Global Strategy for Asthma Management and Prevention, 2025. Accessed June 26, 2025. www.ginasthma.org. 2. National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. 2007. Accessed June 26, 2025. https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. 3. GINA. Difficult-to-Treat & Severe Asthma Guide, 2024. Accessed June 26, 2025. <https://ginasthma.org/wp-content/uploads/2024/11/GINA-Severe-Asthma-Guide-2024-WEB-WMS.pdf>. 4. Asthma: Diagnosis, Monitoring and Chronic Asthma Management (BTS, NICE, SIGN). National Institute for Health and Care Excellence (NICE). Updated 2024. Accessed June 26, 2025. <https://www.nice.org.uk/guidance/ng245/resources/asthma-diagnosis-monitoring-and-chronic-asthma-management-bts-nice-sign-pdf-66143958279109>.

