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)).

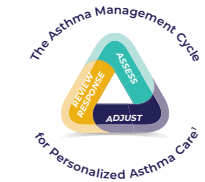
CONSIDER FOR ALL PATIENTS REGARDLESS OF ASTHMA CONTROL

- ☐ Adherence[1-3]
- ☐ 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 Phenotyping[1-3]
- ☐ 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 Treatment[1-3]

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, 2026. Accessed June 16, 2026. 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 16, 2026. https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. **3.** GINA. Difficult-to-Treat & Severe Asthma Guide, 2025. Accessed June 16, 2026. https://ginasthma.org/wp-content/uploads/2025/11/GINA-Severe-Asthma-Guide-2025-WEB-FINAL-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 16, 2026. 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 16, 2026. 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 16, 2026. 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 16, 2026. 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.

PRECISION

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
Adherence[1-3]	Role of chronic inflammation and need for daily maintenance therapy Strategies to counteract adherence barriers	☐ Accommodate patient therapy preferences, when appropriate ☐ Refer to appropriate social support services
Appropriate Therapy[1,2]	Appropriate use of rescue and maintenance therapies	☐ Consider rescue therapy including both a fast-acting bronchodilator and anti-inflammatory ☐ Adjust current level of therapy ☐ Continue current therapy
Asthma Action Plan[1,2,4]	When and how to use an asthma action plan	☐ Develop or update asthma action plan
Inhaler Technique[1,2,4]	Proper technique for use of inhaler devices	☐ DPI education — Review at next visit? ☐ Y ☐ N ☐ Nebulizer education — Review at next visit? ☐ Y ☐ N ☐ pMDI education — Review at next visit? ☐ Y ☐ N ☐ Soft Mist education — Review at next visit? ☐ Y ☐ N
Psychological Issues[1,2]	Role of depression and anxiety in asthma	☐ Refer for counseling
Spirometry[1,2,4]	Spirometry for diagnosis and management of asthma	☐ Spirometry ☐ Spirometry: Pre-/post-bronchodilator
Tobacco Use[1,2,5]	Active and passive tobacco smoke exposure	☐ Tobacco cessation counseling/pharmacotherapy
Vaccinations[1,2,6,7]	Influenza virus Pneumococcal pneumonia	☐ Influenza vaccine ☐ 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, 2026. Accessed June 16, 2026. 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 16, 2026. https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. **3.** GINA. Difficult-to-Treat & Severe Asthma Guide, 2025. Accessed June 16, 2026. https://ginasthma.org/wp-content/uploads/2025/11/GINA-Severe-Asthma-Guide-2025-WEB-FINAL-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 16, 2026. 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 16, 2026. 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 16, 2026. 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 16, 2026. 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	☐ FeNO ☐ Serum/sputum eosinophils ☐ Total and specific serum IgE/skin prick tests
Comorbidities[1,2]	ABPA, chronic rhinosinusitis, eczema, food allergies, GERD, nasal polyposis, obesity, obstructive sleep apnea	☐ Allergen sensitization determination ☐ Assess for ABPA ☐ Nutrition and exercise consultations ☐ Pharmacologic and/or immunotherapeutic treatments for comorbidities ☐ Refer to comorbidity appropriate specialist ☐ Remove or remediate relevant allergens ☐ Sleep study
Home and/or Work Exposures[1,2,4]	Allergen, environmental, irritant, medication, or occupational exposures	☐ Environmental tobacco exposure ☐ Indoor dampness or mold ☐ Indoor or outdoor air pollutants ☐ Medications (ACE inhibitors, beta-blockers, NSAIDs) ☐ Noxious chemicals ☐ Occupational allergens/sensitizers
Rescue Therapy Approach[1,2]	Inclusion of Intermittent ICS as part of Rescue Therapy	☐ Consider rescue therapy including both a fast-acting bronchodilator and anti-inflammatory
Level of Maintenance Therapy[1,2]	Appropriate maintenance therapy	☐ Adjust maintenance therapy
Alternative Diagnoses and Hidden Comorbidities[1,2]	Alternative cardiac, immunologic, or respiratory diagnoses	☐ Alpha-1 anti-trypsin disease test ☐ Bronchoscopy ☐ Cardiac function test ☐ Challenge testing ☐ Chest CT ☐ Chest X-ray ☐ Collagen-vascular disease test ☐ Echocardiogram ☐ Fungal precipitins ☐ Immunoglobulin levels and subtypes ☐ Indirect laryngoscopy ☐ Lung volumes/Diffusing capacity of the lungs for carbon monoxide ☐ Pre-/post-bronchodilator spirometry and flow volume loops ☐ Sinus CT
Optimizing Therapy with Add-on or Advanced Treatments[1-3]	Asthma phenotypes, therapeutic options	☐ Add or switch biologic ☐ Add third agent ☐ Begin immunotherapy ☐ Continue current therapy ☐ Monitor for side effects ☐ Discontinue/taper ineffective therapies ☐ Consider bronchial thermoplasty ☐ 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, 2026. Accessed June 16, 2026. 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 16, 2026. https://www.ncbi.nlm.nih.gov/books/NBK7232/pdf/Bookshelf_NBK7232.pdf. **3.** GINA. Difficult-to-Treat & Severe Asthma Guide, 2025. Accessed June 16, 2026. https://ginasthma.org/wp-content/uploads/2025/11/GINA-Severe-Asthma-Guide-2025-WEB-FINAL-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 16, 2026. https://www.nice.org.uk/guidance/ng245/resources/asthma-diagnosis-monitoring-and-chronic-asthma-management-bts-nice-sign-pdf-66143958279109.