

## ALAMN PACE Training Survey

*The American Lung Association of Minnesota has contracted with the Minnesota Institute of Public Health to evaluate the implementation of Setting the PACE for Asthma in Minnesota Project. In an effort to demonstrate how a statewide coalition network can involve asthma care providers in a best practice model for professional education, we are asking participants in PACE seminars to complete the following survey.*

*We are asking that you provide your name because your survey responses will be tracked over time. You will be asked to complete the survey again at 4 weeks and at 4 months post-training. All survey responses will be reported only in aggregate.*

Name (please print) \_\_\_\_\_

Training Date \_\_\_\_\_ Phone Number \_\_\_\_\_

*For questions 1-8, please circle one number for each question.*

1. How often do you use spirometry to aid in the diagnosis of asthma?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
2. Over the next four months, what is your goal for using spirometry to aid in diagnosis?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
3. How often do you develop written asthma action plans for patients with asthma?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
4. Over the next four months, what is your goal for developing written asthma action plans with patients?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
5. How often do you provide asthma education to your patients?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
6. Over the next four months, what is your goal for providing consistent asthma education to your patients?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
7. How often do you prescribe inhaled corticosteroids for patients with persistent asthma?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										
8. Over the next four months, what is your goal for prescribing inhaled corticosteroids for patients with persistent asthma?	0	1	2	3	4	5	6	7	8	9	10
	Never <span style="float: right;">Every Time</span>										

Name (please print) \_\_\_\_\_

Training Date \_\_\_\_\_

*For questions 9-13, please respond in the space provided.*

9. During the past month, what barriers have you faced in helping families manage asthma?

10. What barriers have families you served experienced while managing asthma?

11. Of the following topics, please choose the three that you currently stress the most when educating patients about asthma.

- |                                                            |                                                                   |
|------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> What happens in an asthma attack? | <input type="checkbox"/> Responding to changes in asthma severity |
| <input type="checkbox"/> How medicines work                | <input type="checkbox"/> Criteria of successful treatment         |
| <input type="checkbox"/> How to take medicines             | <input type="checkbox"/> Managing asthma at school and day care   |
| <input type="checkbox"/> Safety of medicines               | <input type="checkbox"/> Identifying and avoiding triggers        |
| <input type="checkbox"/> Goals of therapy                  | <input type="checkbox"/> Referral to further education            |

12. Was this training free from commercial bias?

- Yes  
 No

If no, please describe:

13. Based on what you learned at today's training, what would you like to learn more about?

*After you have completed the survey, please separate the white and yellow sheets of paper.  
Return the white sheets to the program facilitator and retain the yellow sheets for your records.*

**THANK YOU FOR YOUR TIME!**