Patient Asthma Knowledge, Satisfaction, Efficacy (Built In)

Please complete the survey below.

Thank you!

_____

First Name: [pt_first_name]
Last Name: [pt_last_name]
Birthdate: [pt_birthdate]
MRN: [pt_mrn]
Phone Number: [pt_phone_number]

Fill in the blank: I think Coach McLungs was _____

- ◯ Extremely helpful
- ◯ Very helpful
- ◯ Somewhat helpful
- ◯ Not very helpful
- ◯ Not helpful at all

After talking to Coach McLungs, would you say.... "I have a good understanding of how to control asthma."

- ◯ Yes, definitely
- ◯ Yes, a little
- ◯ Maybe
- ◯ No, not really
- ◯ No, definitely not

Would you say..... "I know what to talk to the doctor about today?"

- ◯ Yes, definitely
- ◯ Yes, a little
- ◯ Maybe
- ◯ No, not really
- ◯ No, definitely not

Do you have any additional comments - good or bad?

_____

Please identify participants willing to take part in a key informant interview by asking the following questions:

Would you be interested in taking part in a phone interview to tell us more about your experience using Coach McLungs at your doctor's office?

- ◯ yes
- ◯ no

Please add your first name and telephone number.

An Atrium Health teammate will call you to talk about the phone interview in more detail. Thank you for your interest.

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