

Asthma Post-Test

Name _____

(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital _____ Unit _____

*Email Address _____

*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation.

By checking this box, I am submitting my electronic signature to this statement.

1. What is the underlying cause of asthma in most, if not all, patients?
 - a) Allergies
 - b) Mucus plugs
 - c) Airway inflammation
 - d) Hypertrophied smooth muscle
- 2) Which of the following is NOT a symptom of asthma?
 - a) Cough
 - b) Runny nose
 - c) Wheezing
 - d) Shortness of breath

Identify the following medications as “Q” for quick relief, “L” for long-term, or “B” if it is used for both quick relief and long-term control.

- 3) _____ Beclomethasone
- 4) _____ Cromolyn sodium
- 5) _____ Theophylline
- 6) _____ Albuterol
- 7) _____ Sameterol
- 8) _____ Terbutaline
- 9) _____ Nedocromil
- 10) _____ Methylprednisolone
- 11) _____ Ipratropium bromide
- 12) _____ Zafirlukast

- 13) True or false? Exercise induced bronchospasm should be expected in all asthma patients to some degree.
- 14) True or false? Inhaler technique should be demonstrated at every clinic visit.
- 15) When should patients check their peak expiratory flow at home?
 - a) In the morning before taking any medicine.
 - b) Between noon and 2 p.m.
 - c) Before and after taking an inhaled quick relief medicine.
 - d) To establish their “personal best” number
 - e) All of the above
- 16) Which of the following is NOT a condition that can mimic asthma?
 - a) A piece of hotdog lodged in the trachea
 - b) Pulmonary fibrosis
 - c) Congestive heart failure
 - d) Cystic fibrosis
- 17) True or false? All inhalers require a slow, steady inhalation over 3-5 seconds.
- 18) True or false? Most patients with asthma are instructed on how to manage asthma attacks at home.

Expiration date: The last day that post tests will be accepted for this edition is **December 31, 2017**—your envelope must be postmarked on or before that day.

Evaluation: Asthma

Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Describe the signs and symptoms of asthma.	
2. Identify tests that are used to help in the diagnosis of asthma.	
3. List 3 or more medications used to treat asthma.	
4. Describe how to treat an acute exacerbation of asthma.	
5. Identify important topics for patient education for the asthma patient.	
6. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
7. Notice of requirements for successful completion, including purpose and objectives	
8. Conflict of interest	
9. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
10. Sponsorship or commercial support	
11. Non-endorsement of products	
12. Off-label use	
13. Expiration Date for Awarding Contact Hours	
14. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

15. How long did it take you to read this home study and complete the post test and evaluation:
 _____ hours and _____ minutes.

16. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?
 ___ Yes
 ___ No, more contact hours should have been offered
 ___ No, fewer contact hours should have been offered.

Expiration date: December 31, 2017