**This checklist is intended to provide a practical structure, which can be used to inform the diagnosis and characterisation of severe asthma in the clinic.**

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| **Clinical Question** | **Assessment** |
| 1. Has the Diagnosis of Asthma Been Confirmed? | Compatible history and objective evidence of variability in symptoms and lung function over time; either spontaneously, with treatment or following bronchial provocation testing. |
| 2. Is it Severe? | Demonstration of: * Poor control
* Airflow obstruction
* Frequent exacerbations
* Life-threatening episodes
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| 3. Is Treatment Optimal? | Treatment with:* High-dose inhaled corticosteroids (ICS) and
* Long-acting beta agonists (LABA) or other controller

OR* Moderate dose ICS and > 1 controller
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| 4. Are Self-Management Skills Optimal? | Optimised:* Inhaler device technique
* Adherence
* Self-monitoring
* Disease knowledge
* Written action plan
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| 5. Are Trigger Factors Identified and Managed? | Examples:* Allergens
* Cigarette smoke
* Respiratory viral infection
* Emotional stress
* Mould or dampness
* Patient-reported triggers
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| 6. Is Co-Morbidity Identified and Managed? | Examples:* Sino-nasal disease (e.g. rhinosinusitis, rhinitis)
* Dysfunctional breathing
* Paradoxical vocal fold movement
* Obstructive sleep apnoea
* Anxiety and/or Depression
* Gastro-oesophageal reflux disease
* Obesity
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| 7. What is the Pattern of Airway Inflammation? | Eosinophilic (sputum assessment, FeNO, blood eosinophils)Neutrophilic (sputum assessment)Mixed (sputum assessment)Paucigranulocytic (sputum assessment) |
| 8. What is the Optimal Individualised Management Plan? | Developed with evidenced based interventions that target clinical issues identified during a systematic and multidimensional assessment, in partnership with patients and clinicians, considering patient preferences.  |

This checklist has been developed within the National Health and Medical Research Council (NHMRC) Centre of Excellence in Severe Asthma.