

# Asthma Reporting Form User Guide

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**Adobe Acrobat Reader, a portable document file (pdf) reader software tool, must be installed on your computer in order to successfully download and electronically complete the Asthma Reporting Form.**

A free download of Adobe Acrobat Reader is available here: <http://get.adobe.com/reader/>. Please contact your Information Technology Department with questions about downloading software or accessing a pdf file.

Please read this guide before you begin completion of the new asthma reporting form.

The Asthma Reporting Form 2015-2016 is designed to record information about five students. If you are reporting information on more than five students, you will need to use more than one form. For example, if you are reporting 43 students with asthma, you will need to use 9 reporting forms.

The new reporting form can be completed either by hand or electronically. This guide provides instructions on how to download, print, save, mail, and e-mail reporting forms. Submission checklists are included on the last page to help you ensure that completed asthma reporting forms are correctly submitted to the School Nurse Supervisor/Health Services Director and the Connecticut Department of Public Health (DPH) Asthma Program.

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## 2015-2016 Asthma Reporting Form at a Glance

Do not complete these fields

Enter School Name

Use leading zeroes (e.g., 001, 014)

**DPH Asthma Reporting Form 2015 - 2016**

(For DPH Staff Use Only)

School Name:  NURSES: Enter Page Number:

School Year:  School ID:

Complete the form onscreen and email

Instructions:

For children in grades that required a HAR for the school year of this report, complete one line for each child with asthma who has at least one source of Asthma documentation from the list below, even if asthma was not identified on that child's HAR. Do not include students who are using the HAR only as a "mandated" sports physical for that school year.

Write in Grade number only, OR, select the "K", or "PK" box (NOT both Grade and "K", or "PK" box), and do not enter age or DOB.

**Completing Form on Computer:** When completed, PRINT the form to PDF and save. Attach the form to an email addressed to: [dph.asthmaprogram@ct.gov](mailto:dph.asthmaprogram@ct.gov). In the "Subject" line enter "Asthma", without the quotes, and send.

Grade (write in)	Gender	Race (mark all that apply)	Ethnicity	Asthma Documentation (mark all that apply)	Severity (mark all that apply)	HAR Part 1 (Health History)
<input type="text"/> <small>Numeric Grade</small> OR <input type="checkbox"/> PK <input type="checkbox"/> K	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Nat. Hawaiian/ Pac. Islander <input type="checkbox"/> Black or African Am <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Am Indian or Alaska Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Provider Diagnosis on HAR <input type="checkbox"/> Provider Asthma Action Plan <input type="checkbox"/> Provider Medication Order <input type="checkbox"/> Self-Carry Medication Approval <input type="checkbox"/> Asthma Medication in School <input type="checkbox"/> Parental Note <input type="checkbox"/> Asthma Symptoms Observed <input type="checkbox"/> Other	<input type="checkbox"/> Intermittent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Unclassified <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Exercise Induced	Problem breathing or coughing? <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma treatment (past 3 yrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> <small>Numeric Grade</small> <input type="checkbox"/> PK <input type="checkbox"/> K	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Nat. Hawaiian/ Pac. Islander <input type="checkbox"/> Black or African Am <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Am Indian or Alaska Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Provider Diagnosis on HAR <input type="checkbox"/> Provider Asthma Action Plan <input type="checkbox"/> Provider Medication Order <input type="checkbox"/> Self-Carry Medication Approval <input type="checkbox"/> Asthma Medication in School <input type="checkbox"/> Parental Note <input type="checkbox"/> Asthma Symptoms Observed <input type="checkbox"/> Other	<input type="checkbox"/> Intermittent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Unclassified <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Exercise Induced	Problem breathing or coughing? <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma treatment (past 3 yrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="text"/> <small>Numeric Grade</small> <input type="checkbox"/> PK <input type="checkbox"/> K	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Nat. Hawaiian/ Pac. Islander <input type="checkbox"/> Black or African Am <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Am Indian or Alaska Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Provider Diagnosis on HAR <input type="checkbox"/> Provider Asthma Action Plan <input type="checkbox"/> Provider Medication Order <input type="checkbox"/> Self-Carry Medication Approval <input type="checkbox"/> Asthma Medication in School <input type="checkbox"/> Parental Note <input type="checkbox"/> Asthma Symptoms Observed <input type="checkbox"/> Other	<input type="checkbox"/> Intermittent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Unclassified <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Exercise Induced	Problem breathing or coughing? <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma treatment (past 3 yrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> <small>Numeric Grade</small> <input type="checkbox"/> PK <input type="checkbox"/> K	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Nat. Hawaiian/ Pac. Islander <input type="checkbox"/> Black or African Am <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Am Indian or Alaska Native	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Provider Diagnosis on HAR <input type="checkbox"/> Provider Asthma Action Plan <input type="checkbox"/> Provider Medication Order <input type="checkbox"/> Self-Carry Medication Approval <input type="checkbox"/> Asthma Medication in School <input type="checkbox"/> Parental Note <input type="checkbox"/> Asthma Symptoms Observed <input type="checkbox"/> Other	<input type="checkbox"/> Intermittent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Unclassified <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Exercise Induced	Problem breathing or coughing? <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma treatment (past 3 yrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Select one option

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Please read and follow the instructions on the Asthma Reporting Form.

**IMPORTANT – Reporting forms cannot be scanned if they have been resized.** Make sure that you are using 100% print size if you are completing forms electronically. If you are completing forms by hand, set the copier to make a 100% reproduction size of a blank, printed form that is in landscape orientation.

**IMPORTANT – Forms must be in landscape orientation** (not the usual letter/portrait orientation) for you to easily fill them out and for them to be scanned.

Landscape orientation



Correct

Letter/portrait orientation



Incorrect

## How to download a reporting form

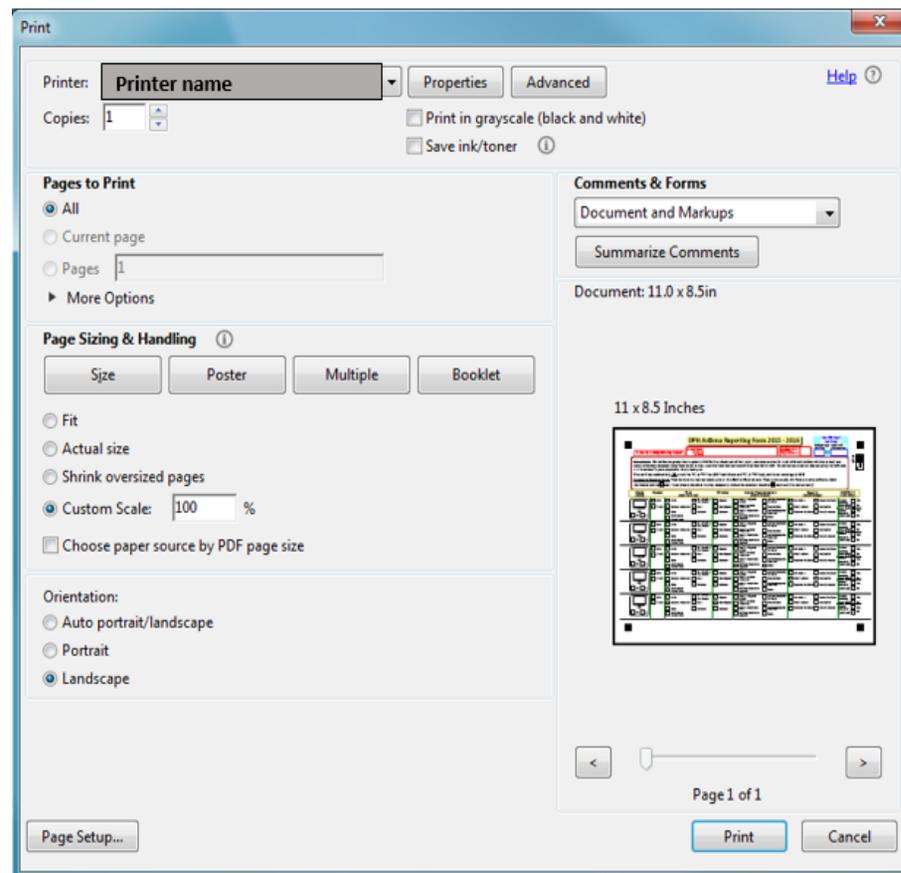
- 1) Create a folder on the computer Desktop named **Asthma Reports 2015**.
- 2) Using your Internet Browser, go to <http://www.ct.gov/dph/asthma>
  - a. If the link in this document does not work, simply cut it and paste it into your Internet browser.
- 3) Scroll down the page and click on the **Schools** link.
- 4) Click on [Asthma Reporting Forms](#).
- 5) Scroll down to Asthma Reporting Forms, School Year 2015-2016 and click on **Asthma Reporting Form Selection: either Electronic Reporting Form or Paper Reporting Form**.
- 6) The asthma reporting form will appear on the screen. In the document window, click **File** and then **Save As**.
- 7) Save the file named **AsthmaReportingForm\_2015-2016\_E.pdf** (for electronic filing) or **AsthmaReportingForm\_2015-2016\_P.pdf** (for paper filing) in the Desktop folder you created, **Asthma Reports 2016**.

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## How to print blank reporting forms for completion by hand

- 1) Go the Desktop folder **Asthma Reports 2016** on your computer. Alternatively, you can print directly from the Internet (see [How to download a reporting form](#)).
- 2) Click **Paper Reporting Form** to open file: *ARF\_2015-2016\_P.pdf*
- 3) Click **File** then **Print**.
- 4) The printer dialog box will appear. Select *Printer Name* and check *landscape under orientation* (Figure 1). You may also make adjustments in *Properties* options. Consult your Information Technology Department if you need assistance with making changes to print settings.
- 5) **Print the form in landscape view on 8.5 x 11 inch white paper.** The default setting on your printer may be letter/portrait orientation, so make sure that the printed form is in landscape orientation.
- 6) Enter the number of printed copies that you wish to make and click OK.
- 7) If you intend to use a photocopier to make additional copies of the blank form, simply print one original form using steps 1-6 above; set your photocopies to make a 100% reproduction; and make copies on white paper.

Figure 1. Printer settings



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## How to complete reporting forms by hand

- 1) Read and follow form instructions.
- 2) Use blue or black ink only. Make sure that the school's name is written on in the space provided at the top of each form. Use printed **BLOCK LETTERS in the "School Name" field**
- 3) Use **UPPER and lower case Letters**
- 4) Do not touch the sides, top or bottom with the printed character.
- 5) Enter the page number into the boxes in the top left corner of the form like this: 001. Do not make any marks in the boxes labeled *For DPH Staff Use Only*.
- 6) **IMPORTANT** – Do not write students' names, initials, age, or date of birth on the forms.
- 7) **IMPORTANT** – Do not write any notes in any field or blank areas on the forms.
- 8) **IMPORTANT** – If there are zero students with asthma to report, fill in the school name only (see [Reporting zero students with asthma](#)).

**Note:** Should you make a mistake writing a character, whether it is an alpha or numeric, cross out the incorrect character, and enter the correct one above or below.

### Checkbox Fields

Checkbox fields are used to indicate a specific, fixed selection. To help the computer read these fields, please: mark an "X" in the proper response; the larger and darker the "X" mark, the more accurate the interpretation will be; do not use a dot; do not circle a box or the write an answer/statement in, or around a box; if you mark an incorrect response, **blacken** out the incorrect response and mark the correct one;

Mark like this:   
If you make a mistake,  
DARKEN the entire box   
and "X" the correct one:

## How to complete a reporting form electronically and then save it

- 1) Go the Desktop folder **Asthma Reports 2016** on your computer.
- 2) Click **Electronic Reporting Form** to open the file *ARF\_2015-2016\_E.pdf*

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- 3) Click on the School name field and type in the school's name. (If there are zero students with asthma to report, fill in the school name only.)
- 4) Click on the grade field of the first row and type in numeric grades: 6, 7, 9, 10 etc. Check box for grades PK and PK.
- 5) Use the Tab button or mouse to move through the fields in the row.
- 6) Electronically fill in fields by clicking in them or using the space bar.
- 7) When you have completed the form, check to make sure that all of the information has been filled in correctly.
- 8) To save an electronic copy, click **File** and **Save**.
- 9) Set the **Save in** location at the top of the window to the **Asthma Reports 2016** folder on your Desktop.
- 10) In the **File name** field, type in a new file name that identifies the information in the form. The file name should include the school name, reported grade, and form page number (e.g., AnnieFisher\_K\_page1.pdf).
- 11) Click **Save** in the window. You should now have a new pdf file in the **Asthma Reports 2015** folder on your computer Desktop. Check the top left corner of the form displayed on your screen to see that the form has been renamed.
- 12) Click **File** then **Exit** to close the form you have just saved.

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## How to electronically complete reporting forms for more than five students

- 1) Go to the Desktop folder **Asthma Reports 2016** on your computer.
- 2) Click **Electronic Reporting Form** to open the file *ARF\_2015-2016\_E.pdf*
- 3) Click on the School name field and type in the school's name.
- 4) Click on the grade field of the first row and type in numeric grade (e.g., 6, 7, 9, 10) or check box for PK, K.
- 5) Use the Tab button or mouse to move through the fields in the row.
- 6) Electronically fill in fields by clicking in them or using the space bar.
- 7) When you have completed the form, check to make sure that all of the information has been filled in correctly.
- 8) To save an electronic copy, click **File** and **Save**.
- 9) Set the **Save in** location at the top of the window to the **Asthma Reports 2016** folder on your Desktop.
- 10) In the **File name** field, type in a new file name that identifies the information in the form. The file name should include the school name, reported grade, and form page number (e.g., AnnieFisher\_K\_page1.pdf).
- 11) Click **Save** in the window. You should now have a new pdf file in the **Asthma Reports 2015** folder on your computer Desktop. Check the top right corner of the form displayed on your screen to see that the form has been renamed.
- 12) Click **File** and **Save in** the Desktop folder **Asthma Reports 2016**.
- 13) In the File name field, type in a new file name (e.g., AnnieFisher\_K\_page2.pdf). You must assign a new file name to avoid replacing the previous form page that you just saved.
- 14) Click the **Save** button in the window.
- 15) Repeat steps 12-16 as needed to report the number of students with asthma at the school.
- 16) When you have finished the last form and saved it, click **File** then **Exit**.

## Reporting zero students with asthma

If there are no students with asthma to report from a specific school, please submit a reporting form with the school name filled in and leave the rest of the reporting form blank.

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## Submission of completed, hardcopy reporting forms to the DPH

**Paper (hardcopy) originals should be mailed. Do not fax reporting forms to DPH. Do not send photocopies or faxed copies. Do not staple forms together.**

- 1) Make sure that school name is at the top of each form to be submitted.
- 2) Send forms by mail to:

Mukhtar H. Mohamed  
Asthma Program  
Connecticut Department of Public Health - CHAPS  
410 Capitol Ave, MS#11-HLS  
Hartford, CT 06134

## Submission of completed, electronic reporting forms to the DPH

- 1) Type in e-mail Subject line **2015-2016 Asthma Reports**
- 2) **Important – cc the Nurse Supervisor/Health Service Director**
- 3) Send the pdf files for each school as e-mail attachments to: [dph.asthmaprogram@ct.gov](mailto:dph.asthmaprogram@ct.gov)
- 4) If you have Adobe Acrobat software that allows creation of a multiple-page pdf from separate pdf files, you may combine the pdf files for a single school into a single pdf file (binder file). Please contact your Information Technology Department with questions about combining documents in Adobe.

## Contact Information

If you have questions or comments related to completing or submitting the new Asthma Reporting Form, please send an e-mail to [dph.asthmaprogram@ct.gov](mailto:dph.asthmaprogram@ct.gov)

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## Submission Checklists

### Hand-completed reporting forms submission checklist

- Forms were printed on white paper.
- Forms are in landscape orientation and 100% size.
- Forms have not been resized.
- Form fields are filled in with black or blue ink.
- School name is at the top of each form to be submitted.
- There are no student initials, dates of birth, and/or notes on the completed forms.
- Originals, not copies, are being sent to the DPH Asthma Program.
- The mail submission of all hand-completed original forms to the DPH Asthma Program from school districts occurs on or before October 30, 2016. (The submission of individual school reports to the Nurse Supervisor/Health Service Director may differ.)

### Electronically-completed reporting forms submission checklist

- Pdf files for each school include the school name, reported grade, and form page number (e.g., AnnieFisher\_K\_page1.pdf).
- If you made a single pdf of the forms from all schools in your district, the file name includes the district name and total number of schools for which reports are being submitted.
- All the files you wish to submit are attached to the e-mail.
- The e-mail is addressed to [dph.asthmaprogram@ct.gov](mailto:dph.asthmaprogram@ct.gov)
- The e-mail subject line is 2015-2016 Asthma Reports.
- The cc line of the e-mail includes the Nurse Supervisor/Health Services Director.
- The e-mail submission of all forms to the DPH Asthma Program from school districts occurs on or before October 30, 2016. (The submission of individual school reports to the Nurse Supervisor/Health Service Director may differ.)