1. **Name:**
2. **Health Center:**

3. **How often did you use the previous version (prior to September 24th 2012) of the Asthma Management Form?**
   - 1 - Several times a week
   - 2 - Several times a month
   - 3 - Occasionally
   - 4 – Only used it a couple of times
   - 5 – Never used the old form

4. **I received training on the new Asthma Management form and content (check all that apply)**
   - a. I read the FAQ on the Asthma Management form and content
   - b. I watched the live Webinar
   - c. I watched the recorded Webinar
   - d. Someone from my Health Center provided group training
   - e. Someone from my Health Center provided me individual training
   - f. I did not receive any training on the new Asthma Management form and content

5. **I received training on the Asthma Guidelines (check all that apply)**
   - a. I read the Asthma Guidelines
   - b. Someone from my Health Center provided group training
   - c. Someone from my Health Center provided me individual training.
   - d. We had training from the Association of Clinicians for the Underserved.
   - e. I did not receive any training on the Asthma Guidelines
   - f. Other (Please specify)

6. **How often do you use the new Asthma Management Form?**
   - 1 - Several times a week
   - 2 - Several times a month
   - 3 - Occasionally
   - 4- Have only used it a couple of times
5- Have never used the form

7. If you answered “Have only used it a couple of times” or “Have never used the form” to Question #6 please explain why?

8. The new Asthma Management form helps me follow the Asthma Guidelines?

   1 – Not at All
   2 – Poorly
   3 – Somewhat
   4 – Well
   5 – Very Well
   6 - I am not familiar enough with the guidelines to answer

9. If you answered “Not at All”, “Poorly” or “Somewhat” to Question #8 please explain why?

If you use answered Question #6: “How often do you use the new Asthma Management form: “Several times a week”, “Several times a month”, or “Occasionally”. Please complete questions 10-16 otherwise please skip to Question 16.

The Following questions will be based on several key Usability principles.
The questions are based on a 1-5 scale.

1 - Terrible
2 - Poor
3 - Fair
4 - Good
5 - Excellent

10. **Simplicity:**
The information presented in the Asthma Management form appears uniform and organized, or chaotic? This includes having a lack of visual clutter and concise information displayed on all tabs of the form.
11. **Naturalness:**
   The flow of information in the Asthma Management form matches my thinking as a user. Forms with a foundation of naturalness seem immediately easy to use and manipulate.

12. **Consistency:**
   The Asthma Management form uses concepts, behaviors, and appearances consistently throughout its tabs and is consistent with other Alliance forms.

13. **Minimizing Cognitive Load:**
   The Asthma management content seems to avoid mental interruptions. Time and energy needed to think about difficult concepts are saved for patient care, not on how to use the content.

14. **Efficient Interactions:**
   Information can be concisely displayed, entered, and documented in the Asthma Management form. Key aspects include minimizing the amount of required work to achieve a task and providing shortcuts when possible.

15. **Readability & Scan-ability:**
   The Asthma Management form has the ability to allow me to scan information quickly while understanding at a high level what that information means.

16. **Additional Feedback on the Asthma Management form and Content:**