**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 |
| 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 |
| 4. Are Self-Management Skills Optimal? | Optimised:   * Inhaler device technique * Adherence * Self-monitoring * Disease knowledge * Written action plan |
| 5. Are Trigger Factors Identified and Managed? | Examples:   * Allergens * Cigarette smoke * Respiratory viral infection * Emotional stress * Mould or dampness * Patient-reported triggers |
| 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 |
| 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.