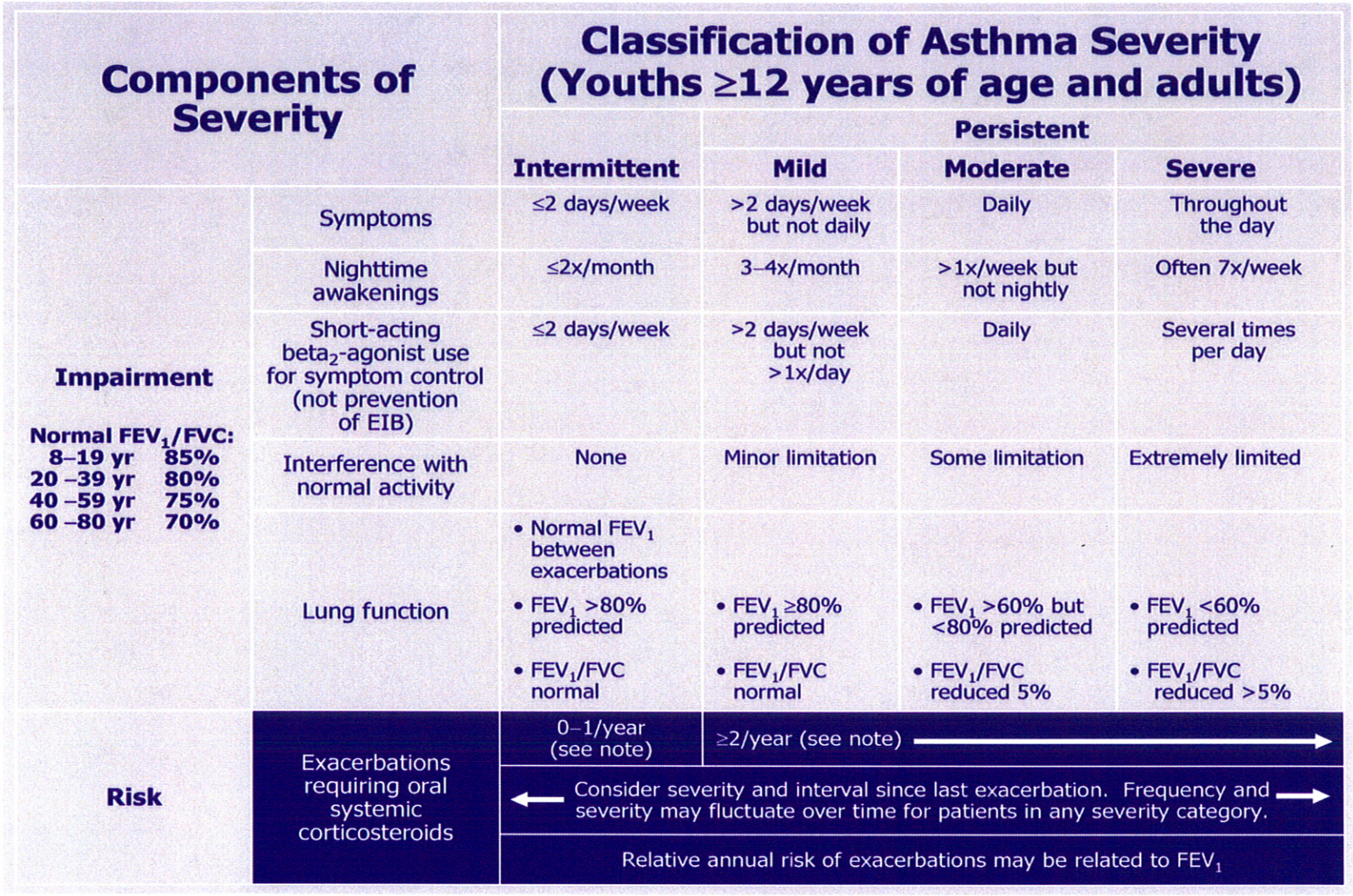
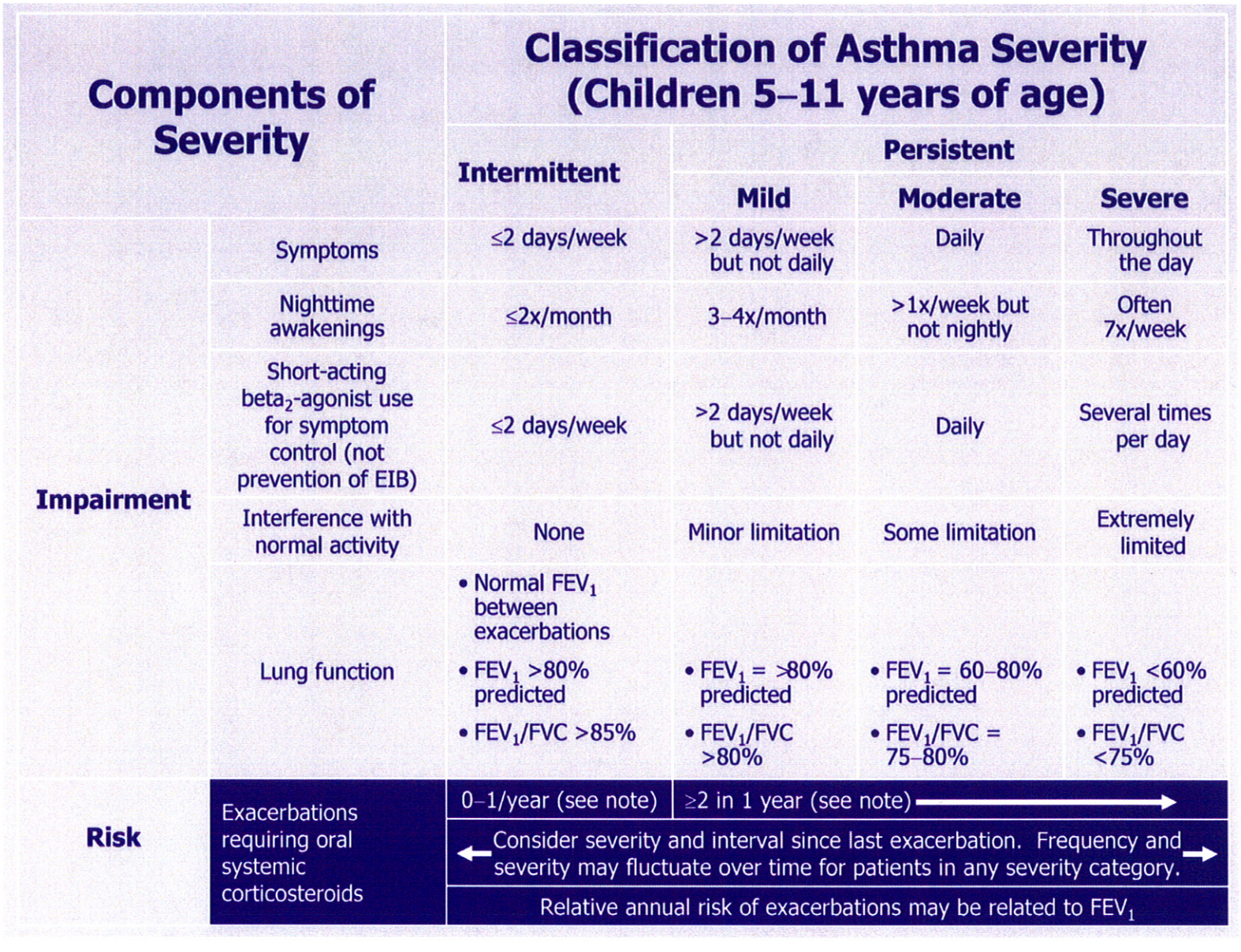


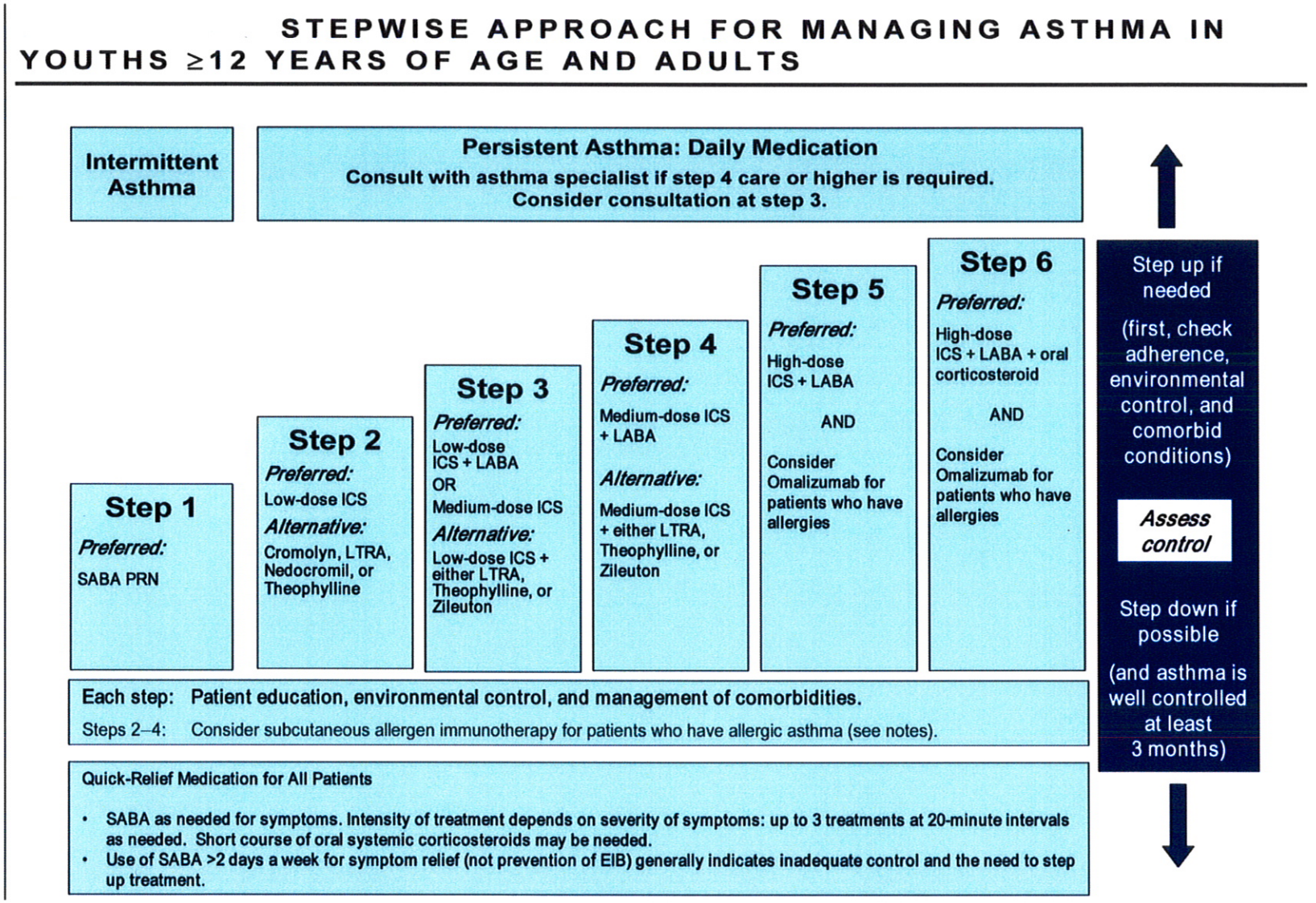
Components of Severity		Classification of Asthma Severity (Youths ≥12 years of age and adults)			
		Intermittent	Persistent: Mild	Persistent: Moderate	Persistent: Severe
Impairment **Normal FEV_1/FVC:** **8–19 yr 85%** **20 –39 yr 80%** **40 –59 yr 75%** **60 –80 yr 70%**	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2x/month	3–4x/month	>1x/week but not nightly	Often 7x/week
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not >1x/day	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	• Normal FEV_1 between exacerbations • FEV_1 >80% predicted • FEV_1/FVC normal	• FEV_1 ≥80% predicted • FEV_1/FVC normal	• FEV_1 >60% but <80% predicted • FEV_1/FVC reduced 5%	• FEV_1 <60% predicted • FEV_1/FVC reduced >5%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year (see note)	≥2/year (see note) →		
		← Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. →			
		Relative annual risk of exacerbations may be related to FEV_1			

"FIGURE 4–6. Classifying Asthma Severity and Initiating Treatment in Youths ≥ 12 Years of Age and Adults." *NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3)*. National Heart, Lung and Blood Institute, July 2007. http://www.nhlbi.nih.gov/guidelines/asthma/09_sec4_lt_12.pdf. p. 344

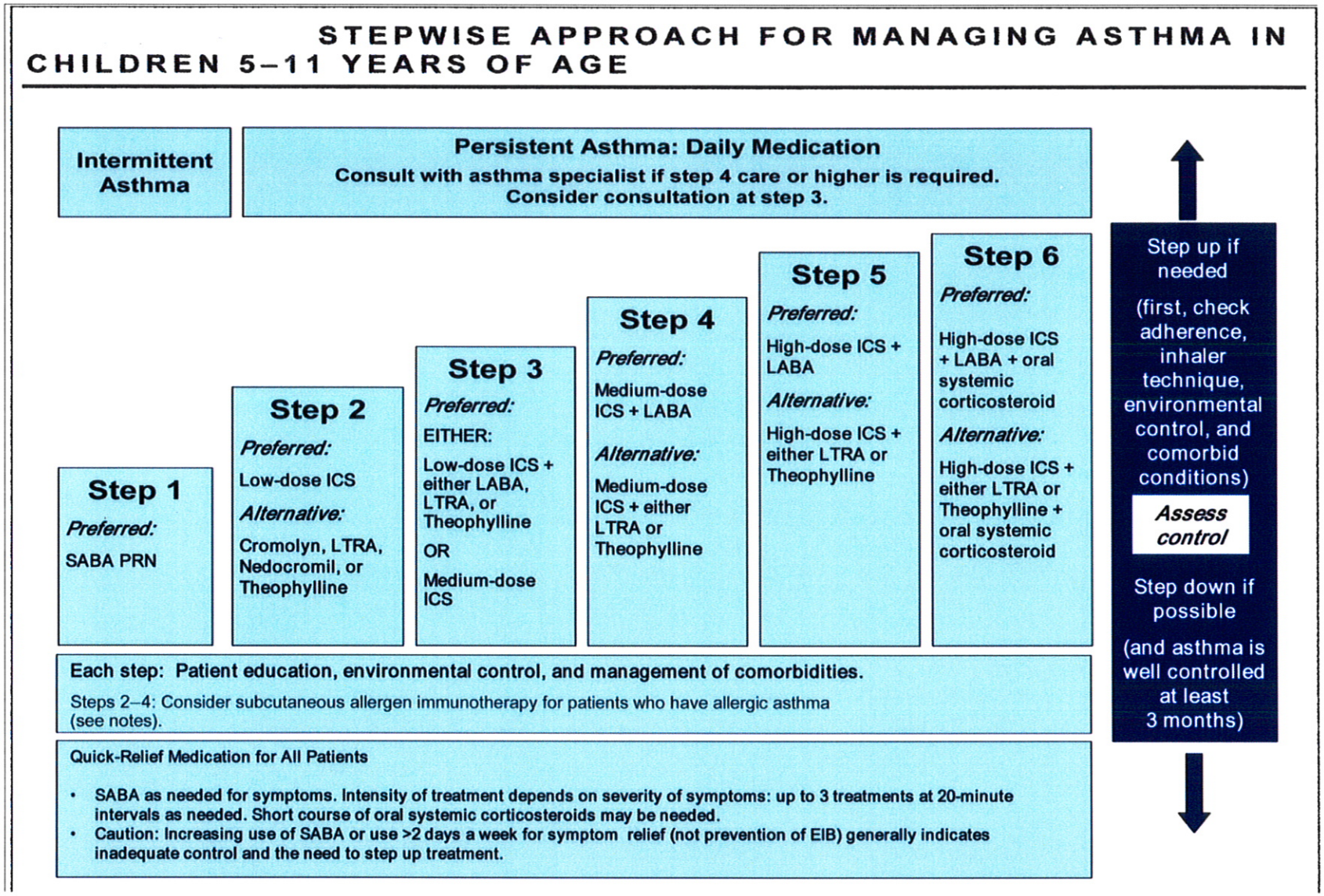


Components of Severity		Classification of Asthma Severity (Children 5–11 years of age)			
		Intermittent	Persistent		
			Mild	Moderate	Severe
Impairment	Symptoms	≤2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤2x/month	3–4x/month	>1x/week but not nightly	Often 7x/week
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week but not daily	Daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	• Normal FEV_1 between exacerbations • FEV_1 >80% predicted • FEV_1/FVC >85%	• FEV_1 = >80% predicted • FEV_1/FVC >80%	• FEV_1 = 60–80% predicted • FEV_1/FVC = 75–80%	• FEV_1 <60% predicted • FEV_1/FVC <75%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year (see note)	≥2 in 1 year (see note) →		
		← Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. →			
		Relative annual risk of exacerbations may be related to FEV_1			

"FIGURE 4 – 2b. Classifying Asthma Severity and Initiating Treatment in Children 5–11 Years of Age." *NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3)*. National Heart, Lung and Blood Institute, July 2007. http://www.nhlbi.nih.gov/guidelines/asthma/08_sec4_lt_0-11.pdf. p. 308



"FIGURE 4 – 5. Stepwise Approach for Managing Asthma in Youths ≥ 12 Years of Age and Adults." *NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3)*. National Heart, Lung and Blood Institute, July 2007. http://www.nhlbi.nih.gov/guidelines/asthma/09_sec4_lt_12.pdf. p. 343



"FIGURE 4 – 1b. Stepwise Approach for Managing Asthma in Children 5-11 Years of Age." *NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3)*. National Heart, Lung and Blood Institute, July 2007. http://www.nhlbi.nih.gov/guidelines/asthma/08_sec4_lt_0-11.pdf. p. 306

ASSESSING ASTHMA CONTROL IN YOUTHS ≥12 YEARS OF AGE AND ADULTS

Components of Control		Classification of Asthma Control (Youths ≥12 years of age and adults)		
		Well-Controlled	Not Well-Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakening	≤2x/month	1–3x/week	≥4x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV_1 or peak flow	>80% predicted/ personal best	60–80% predicted/ personal best	<60% predicted/ personal best
	Validated Questionnaires			
	ATAQ	0	1–2	3–4
	ACQ	≤0.75*	≥1.5	N/A
	ACT	≥20	16–19	≤15
Risk	Exacerbations	0–1/year	≥2/year (see note)	
		Consider severity and interval since last exacerbation		
	Progressive loss of lung function	Evaluation requires long-term followup care		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		

"FIGURE 4 – 7. Assessing Asthma Control and Adjusting Therapy in Youths ≥12 Years of Age and Adults." *NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3)*. National Heart, Lung and Blood Institute, July 2007. http://www.nhlbi.nih.gov/guidelines/asthma/09_sec4_lt_12.pdf. p. 345

ASSESSING ASTHMA CONTROL IN CHILDREN 5–11 YEARS OF AGE

Components of Control		Classification of Asthma Control (Children 5–11 years of age)		
		Well Controlled	**Not Well Controlled**	**Very Poorly Controlled**
Impairment	Symptoms	≤2 days/week but not more than once on each day	>2 days/week or multiple times on ≤2 days/week	Throughout the day
	Nighttime awakenings	≤1x/month	≥2x/month	≥2x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting $beta_2$-agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	Lung function ▪ FEV_1 or peak flow ▪ FEV_1/FVC	 >80% predicted/ personal best >80%	 60–80% predicted/ personal best 75–80%	 <60% predicted/ personal best <75%
Risk	Exacerbations requiring oral systemic corticosteroids	0–1/year	≥2/year (see note)	
		Consider severity and interval since last exacerbation		
	Reduction in lung growth	Evaluation requires long-term followup.		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		

"FIGURE 4 – 3b. Assessing Asthma Control and Adjusting Therapy in Children 5-11 Years of Age." *NHLBI Guidelines for the Diagnosis and Management of Asthma (EPR-3)*. National Heart, Lung and Blood Institute, July 2007. http://www.nhlbi.nih.gov/guidelines/asthma/08_sec4_lt_0-11.pdf. p. 310