Alberta Health Services

PREPARING FOR MY ASTHMA APPOINTMENT

iCAN control asthma now

Answering the questions on this page will make it easier for your health professional to help you learn to manage your asthma

Reminders:

- ✓ **Take** your completed copy of this page with you to your next appointment to discuss with your doctor, asthma educator or pharmacist
  - Ask your doctor or educator to watch you take your medicine(s) to check your technique
  - Complete/review your personalized **Asthma Action Plan**
- ✓ **Bring** the following to every asthma appointment:
  - All your asthma medicine(s) and devices - even if you are not using them right now
  - Your **Asthma Action Plan** so that you and your doctor, educator or pharmacists can make sure it is up to date

Helpful things to know or learn about your asthma

- How to know if your asthma is well controlled
- Why it is important to keep your asthma in good control
- The difference between your preventer and your reliever medicines
- If there are any potential side-effects to your asthma medicine(s)
- How to know when your preventer medicine needs to be changed

Questions

1. **Patient:** What is bothering you most about your asthma?

____

Parent (if patient is a child): What is bothering you most about your child's asthma?

____

2. **Asthma Control: Because of my asthma, in the last week…**

a)	I used my blue inhaler	❐ No	❐ Yes *# of times?*____
b)	I coughed, wheezed, or had a tight chest	❐ No	❐ Yes *# of times?*____
c)	I had a nighttime cough or woke up	❐ No	❐ Yes *# of times?*____
d)	I had asthma symptoms (cough, wheeze or shortness of breath) when playing or exercising	❐ No	❐ Yes *# of times?*____
e)	I missed school or work	❐ No	❐ Yes *# of times?*____

Other symptoms? ____

3. **My asthma is** (*check one*): ❐ **the same** ❐ **better** ❐ **worse** since my last appointment.

*If worse, please explain*____

4. **Current Medicine(s)**

a) Controller/Preventer ______________________ _____ puffs _____ times/day

b) Reliever ______________________ _____ puffs as needed

c) Other medicine(s) (eg. Singulair) ________________ How much? _____/times/day _____

d) Other therapies: ______________________ How much? _____/times/day _____

5. **I am more likely to forget a morning or nighttime dose of controller medicine?**

❐ Morning ❐ Night

6. **Other questions?**