

Your Asthma Visit Checklist

You and your healthcare provider are a team in managing your asthma. Planning for your provider visits can help you use your time to talk about what matters most to you.

Before Your Visit

Fill out this checklist before you go — check “YES” or “NO”

	YES	NO												
<p>Symptoms</p> <ul style="list-style-type: none"> In the past four weeks, have you coughed, wheezed, felt short of breath, or had chest tightness: <ul style="list-style-type: none"> – During the day? <input type="checkbox"/> YES <input type="checkbox"/> NO – At night, causing you to wake up? <input type="checkbox"/> YES <input type="checkbox"/> NO – During or soon after exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO 														
<p>Medicines</p> <ul style="list-style-type: none"> Do you take your rescue inhaler medicine more than two times a week? <input type="checkbox"/> YES <input type="checkbox"/> NO What medicines are you taking for asthma, and how often do you take them? <table border="1"> <thead> <tr> <th>Medicine</th> <th>Dose</th> <th>How often</th> </tr> </thead> <tbody> <tr> <td>Daily preventive asthma medicine</td> <td></td> <td></td> </tr> <tr> <td>Rescue inhaler</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> </tbody> </table> <ul style="list-style-type: none"> Have your asthma medicines caused any problems like shakiness, sore throat, or upset stomach? <input type="checkbox"/> YES <input type="checkbox"/> NO 	Medicine	Dose	How often	Daily preventive asthma medicine			Rescue inhaler			Other				
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Daily preventive asthma medicine														
Rescue inhaler														
Other														
<p>Triggers</p> <ul style="list-style-type: none"> Does anything at home, work, or school make your asthma worse? <input type="checkbox"/> YES <input type="checkbox"/> NO <p><i>If yes, what things?</i> _____</p>														
<p>Living with asthma</p> <ul style="list-style-type: none"> Have you missed work or school because of your asthma? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you gone to the emergency room or been in the hospital because of your asthma since your last provider’s visit? <input type="checkbox"/> YES <input type="checkbox"/> NO <p><i>If yes, when and how often?</i> _____</p> <ul style="list-style-type: none"> Are you having any problems tracking your asthma symptoms daily? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you need a new or updated asthma action plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there things that you want to do but you cannot do because of your asthma? <i>If yes, list them here:</i> _____ <p>_____</p>														

(Continued)

During Your Visit

Talk with your healthcare provider about any questions you answered “YES” to on the front page. Also, you may want to ask about other asthma concerns. Here are some questions to think about. Check the ones you want to ask, and write down your notes during your visit.

Question or Concern	Notes on What to Do
<input type="checkbox"/> Can you watch how I use my inhaler and tell me if I’m using it the right way?	
<input type="checkbox"/> Do I need any changes to my asthma medicines? – Daily preventive asthma medicine – Rescue inhaler medicine	
<input type="checkbox"/> How can my asthma be better managed?	
<input type="checkbox"/> How can I avoid my asthma “triggers”? _____ _____ <i>(list your triggers above)</i>	
<input type="checkbox"/> Do we need to update or create an asthma action plan for me?	
<input type="checkbox"/> Should I get a lung function test?	
<input type="checkbox"/> Should I use a peak flow meter at home?	
<input type="checkbox"/> Other: _____ _____	
<input type="checkbox"/> Other: _____ _____	

After Your Visit

- Make an appointment for your next asthma visit before you leave the office
 - My next visit is on _____ at _____
(date) (time)
- Use your asthma action plan every day to help manage your asthma
- Take your asthma medicine as directed by your provider

Plan ahead and make the most of every visit with your healthcare provider.