

PREPARING FOR MY FOLLOW UP ASTHMA APPOINTMENT

Please answer these questions to make it easier for your health professional to help you manage your asthma.

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

Parent: What is bothering you most about your child's asthma? \_\_\_\_\_

2. My asthma/my child's asthma is (check one):  the same  better  worse  
Since my last appointment.

If worse, explain \_\_\_\_\_

3. Have you had any emergency room visits because of breathing problems since your last appointment?  No  Yes How many? \_\_\_\_\_ Date(s)? \_\_\_\_\_ Where? \_\_\_\_\_

4. Have you had any hospital stays because of breathing problems since your last appointment?

No  Yes How many? \_\_\_\_\_ Date(s)? \_\_\_\_\_ Where? \_\_\_\_\_

5. Current Medications

Controller/Preventer:	_____ puffs _____ times/day
Colour of puffer:	
Reliever:	_____ puffs _____ times/day
Colour of puffer:	
Other Medications (eg. Singulair)	How much/day?
Other therapies?	

6. In the past 4 weeks, did you forget to take your controller/preventer inhaler.... (check one)

Never  Some of the time  Most of the time  I haven't taken it at all

7. If you are on medication twice a day, are you more likely to forget your morning or evening dose?  Morning  Evening

8. Has your child had allergy testing since your last appointment?  No  Yes \_\_\_\_\_

9. Other questions? \_\_\_\_\_