

**FIGURE 4. SAMPLE PATIENT SELF-ASSESSMENT SHEET FOR FOLLOWUP VISITS\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Your Asthma Control

How many days in the past week have you had chest tightness, cough, shortness of breath, or wheezing (whistling in your chest)?

\_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7

How many nights in the past week have you had chest tightness, cough, shortness of breath, or wheezing (whistling in your chest)?

\_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7

Do you perform peak flow readings at home? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, did you bring your peak flow chart? \_\_\_\_\_ yes \_\_\_\_\_ no

How many days in the past week has asthma restricted your physical activity?

\_\_\_\_\_ 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7

Have you had any asthma attacks since your last visit? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you had any unscheduled visits to a doctor, including to the emergency department, since your last visit? \_\_\_\_\_ yes \_\_\_\_\_ no

How well controlled is your asthma, in your opinion? \_\_\_\_\_ very well controlled

\_\_\_\_\_ somewhat controlled

\_\_\_\_\_ not well controlled

Average number of puffs per day of quick-relief medication (short acting beta<sub>2</sub>-agonist) \_\_\_\_\_

### Taking your medicine

What problems have you had taking your medicine or following your asthma action plan?

Please ask the doctor or nurse to review how you take your medicine.

### Your questions

What questions or concerns would you like to discuss with the doctor?

How satisfied are you with your asthma care? \_\_\_\_\_ very satisfied

\_\_\_\_\_ somewhat satisfied

\_\_\_\_\_ not satisfied

\* These questions are examples and do not represent a standardized assessment instrument. Other examples of asthma control questions: Asthma Control Questionnaire (Juniper); Asthma Therapy Assessment Questionnaire (Volmer); Asthma Control Test (Nathan); Asthma Control Score (Boulet)