



NOBODY KNOWS HOW YOUR ASTHMA IS AFFECTING YOUR LIFE BETTER THAN YOU.

Complete this checklist and bring it to your next doctor visit to make the most of your appointment. This information may help you and your doctor re-evaluate your asthma, including appropriate treatments for better control.



HARD TO BREATHE? TIME TO SPEAK UP.

Asthma can be different for every person.¹ Take note of what triggers your asthma and whether or not your current medications are controlling your symptoms.³

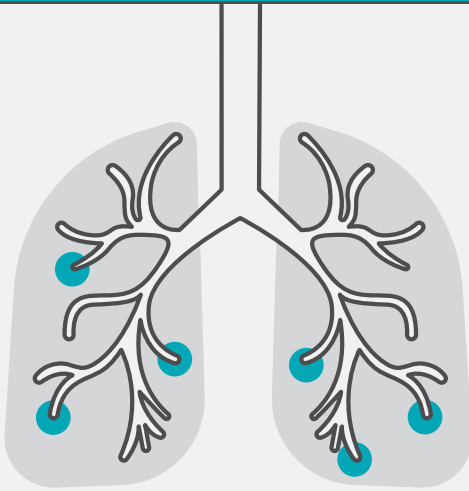
**Now that's
being the boss
of your asthma.**

BEFORE YOUR VISIT:

- I use my quick-relief rescue inhaler _____ times¹**
(Don't count the times you use it to prevent symptoms while exercising)
☐ per week ☐ per month
- I am taking or have taken oral corticosteroids this year for my asthma:¹**
☐ How often? _____ When? _____
- I had the following asthma symptoms in the last two months:**

<input type="checkbox"/> Wheezing ²	<input type="checkbox"/> Night-time awakenings ¹
<input type="checkbox"/> Coughing ²	<input type="checkbox"/> Difficulty breathing ²
<input type="checkbox"/> Tightness in the chest ²	
- Check the daily activities below which are important to your quality of life.**

<input type="checkbox"/> Work	<input type="checkbox"/> School	<input type="checkbox"/> Exercise	<input type="checkbox"/> Sleep
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- I have gone to the emergency room or urgent care center for my asthma flare ups in the last 12 months:¹**
☐ Yes ☐ No
If Yes, how many times? _____



ASTHMA SYMPTOMS



Wheezing²



Coughing²



Difficulty Breathing²



Tightness in Chest²



Night-time Awakenings¹

6. These things (also known as “triggers”) make my asthma symptoms worse:

(Circle all that apply)



Food Allergies/Additives⁴



Exercise⁵



Odors/Fragrances⁵



Weather⁵



Stress/Strong Emotions⁵



Pet Dander⁵



Infections/Colds⁵



Cigarette Smoke Exposure⁵



Dust/Pollen⁵

Other: _____

7. I live or work with someone who smokes:⁵

☐ Yes

☐ No

8. I live with a pet:⁵

☐ Yes

☐ No

☐ If Yes, what kind of animal? _____

9. Current asthma medications I am taking:¹

a) Medication: _____ Number of Doses: ____ How often: _____

b) Medication: _____ Number of Doses: ____ How often: _____

c) Medication: _____ Number of Doses: ____ How often: _____

d) Medication: _____ Number of Doses: ____ How often: _____

e) Medication: _____ Number of Doses: ____ How often: _____

f) Medication: _____ Number of Doses: ____ How often: _____

10. How often do you miss doses of your daily medication?¹

(Circle one)

Never

Rarely

Occasionally

More Often than I Want to Admit

REMINDER: BEFORE YOU LEAVE HOME

- ☐ Bring your **completed printed doctor visit worksheet** to your appointment.
- ☐ Bring a **list of questions** to ask your doctor.
- ☐ Bring a **friend or family member** to help you make the most of the discussion.
- ☐ Bring **all of your medications** (prescriptions and over-the-counter).

DURING YOUR VISIT:

- ☐ **Discuss any medication concerns you have**, such as how often, how much, how to take it, how you will cover the cost, and confirm you are using your inhaler correctly.
- ☐ **Follow up with questions** until you understand and ask for written instructions from your doctor.
- ☐ If you and your doctor agree your asthma is “hard to control,” **ask about different asthma types and causes**.
- ☐ **Ask if you should get a blood test**. A standard complete blood count with differential blood test may help determine your eosinophil count.⁶
- ☐ **Ask if your asthma symptoms are persistent** enough to see a specialist, such as an allergist or a pulmonologist.
- ☐ If you are diagnosed with Severe Eosinophilic Asthma (S.E.A), a type of asthma that is harder to control, **ask about targeted treatment options**.⁷
- ☐ **Talk about your goals** for your treatment. Agree on the expectations (e.g. fewer or reduced limitations, better lung function, fewer asthma attacks or flare-ups [exacerbations] requiring the use of oral corticosteroids).

AFTER YOUR VISIT:

- ☐ **Review your notes** and written information provided. Be sure you understand your asthma control plan.
- ☐ **Keep a symptom record** with dates or use an online symptom tracker/mobile app.³
- ☐ **Join an online asthma network** or community to connect with others who have asthma.
- ☐ Always **take your medication** as directed.
- ☐ Ask your doctor for help if you are still **not getting symptom relief**.
- ☐ If you are referred to an asthma specialist, (e.g. allergist or pulmonologist) use this guide to help you **prepare for that visit**.
- ☐ Closely **follow the lifestyle recommendations** provided by your doctor to help control your asthma.

**GET BACK IN CHARGE.**

Learn more about hard-to-control asthma and S.E.A. at:
www.bethebossofyourasthma.com



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