|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Inhaler: |  |  | *X box* |  |
|  |  |  |  |  |
|  | Can explain correctly **when** to take inhaler: | Yes: |  |  |
|  | *(dosing frequency and spacing etc)* | No: |  |  |
|  | If No enter details in box below: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Correct device **priming**: | Yes: |  |  |
|  | *(cap opening, loading, shaking etc as appropriate)* | No: |  |  |
|  | If No enter details in box below: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Correct **dose-coordination** on inhalation: | Yes: |  |  |
|  | *(exhale, place in mouth, match inhalation & activation etc)* | No: |  |  |
|  | If No enter details in box below: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Dose inhalation **flow**: | Fast: |  |  |
|  | *(should be slow for MDI and fast for DPI)* | Slow: |  |  |
|  | Any further details? |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Appropriate **breath-hold**: | Yes: |  |  |
|  |  | No: |  |  |
|  | Any further details? |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Appropriate actions **after** dose: | Yes: |  |  |
|  | *(oral rinse etc)* | No: |  |  |
|  | If No enter details in box below: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |