

Asthma Assessment

Print and complete your Asthma Assessment, along with the Discussion Guide that follows, and be sure to share both with your doctor during your next appointment.

Circle the answer to each question below that best describes your asthma symptoms and how you are currently treating. Share the responses with your physician who can provide a full evaluation and determine which treatment option would be most appropriate.

1. *In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?*

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

2. *During the past 4 weeks, how often have you had shortness of breath?*

- More than once a day
- Once a day
- 3 to 6 times a week
- Once or twice a week
- Not at all

3. *During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?*

- 4 or more nights a week
- 2 to 3 nights a week
- Once a week
- Once or Twice
- Not at all

4. *During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol, Ventolin[®], Proventil[®], Maxair[®] or Primatene Mist[®])?*

- 3 or more times per day
- 1 or 2 times per day
- 2 or 3 times per week
- Once a week or less
- Not at all

5. *How would you rate your asthma control during the past 4 weeks?*

- Not Controlled at all
- Poorly Controlled
- Somewhat Controlled
- Well Controlled
- Completely Controlled

6. *In the past 4 weeks, how much did your asthma limit your usual activities or enjoyment of everyday life?*

- Not at all
- A little
- Moderately
- Quite a lot
- Extremely

7. *In the past 4 weeks, how often did your asthma limit you in performing your usual daily activities, including housework, work, school or social activities?*

- Never
- Rarely
- Sometimes
- Very Often
- Always

8. *In the past 4 weeks, how often did your asthma keep you from socializing?*

- Never
- Rarely
- Sometimes
- Very Often
- Always

9. *In the past 4 weeks, how often did you feel fed up or frustrated because of your asthma?*

- Never
- Rarely
- Sometimes
- Very Often
- Always

10. *In the past 4 weeks, how often did your asthma leave you too tired to do work or daily activities?*

- Never
- Rarely
- Sometimes
- Very Often
- Always

Discussion Guide: Talking to your doctor

Complete the following to discuss with your doctor.

Describe how your asthma symptoms have been since your last visit.

Since your last visit, what everyday activities have been limited or enjoyed less because of your asthma?

Since your last visit, have you had any episodes/times when your asthma symptoms were a lot worse than usual?

What do you think caused it?

What did you do to control this?

How do you feel about taking your medicine?

How often do you take each medicine?

How much do you take each time?

What questions and concerns do you have about asthma and your treatment?

Checklist of Common Concerns

- How does asthma inflammation or swelling affect me?
- Why do I have several asthma medications, and when should I take them?
- Are there safety concerns with my medications?
- Based on my medical history and other medications, would there be any conflicts with taking an asthma controller like SYMBICORT?
- Are there side effects of my medicines or with SYMBICORT that I should be aware of?
- If I experience side effects, what should I do?
- Will I become dependent on my asthma medications?
- Should I be concerned about using a medication that contains steroids?
- When should I ask for help?
- If I am concerned about filling my asthma prescription because of cost or formulary coverage and copay, with whom in your office should I discuss this?