

# Getting Ready for Your Next Office Visit



<i>Appointment Information</i>			
▶ Reason for visit:		▶ Date:	
<i>Other Health-Care Providers I Am Seeing</i>			
▶ Name:		▶ Phone:	
▶ Reason to see this health-care provider:			
▶ Name:		▶ Phone:	
▶ Reason to see this health-care provider:			
▶ Name:		▶ Phone:	
▶ Reason to see this health-care provider:			
<i>Prescribed Medicines</i>			
<i>Name of Drug</i>	<i>Dose</i>	<i>Number of Times Taken Each Day</i>	<i>Prescribed by</i>
<i>Over-the-Counter Medicines</i>			
<i>Name of Drug</i>	<i>Dose</i>	<i>How Often I Use This Drug</i>	<i>Recommended by</i>
▶ Name of My Pharmacy:		▶ Phone:	

*Rating My Symptoms - The Asthma Control Test™*

Answer the questions below to see if your asthma symptoms are under control. Then share the results with your health-care provider. Answers are worth 1 point for *a*, 2 points for *b*, 3 points for *c*, 4 points for *d* and 5 points for *e*.

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?

a) All of the time   b) Most of the time   c) Some of the time  
d) A little of the time   e) None of the time

Score \_\_\_\_\_

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

a) More than once a day   b) Once a day   c) 3 to 6 times a week  
d) Once or twice a week   e) Not at all

Score \_\_\_\_\_

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?

a) 4 or more nights a week   b) 2 or 3 nights a week   c) Once a week  
d) Once or twice   e) Not at all

Score \_\_\_\_\_

4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

a) 3 or more times per day   b) 1 or 2 times per day   c) 2 or 3 times per week  
d) Once a week or less   e) Not at all

Score \_\_\_\_\_

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

a) Not controlled at all   b) Poorly controlled   c) Somewhat controlled  
d) Well controlled   e) Completely controlled

Score \_\_\_\_\_

Total Score: \_\_\_\_\_

**Results:** If your total score is 19 or less, your asthma may not be as controlled as it could be. Ask your health-care provider what additional steps you can try. If your score is 20–25, your asthma is probably well-controlled. Your health-care provider can help you continue to keep it that way.

*Additional Questions and Concerns*

Use this space to write down anything else you want to ask your health-care provider about symptoms, triggers, medicines or medicine side effects. Also include things you've noticed about how your symptoms change when you're at work or other places you spend time.