### Getting Ready for Your Next Office Visit

**Appointment Information**

- **Reason for visit:**
- **Date:**

**Other Health-Care Providers I Am Seeing**

1. **Name:**
   - **Reason to see this health-care provider:**
   - **Phone:**

2. **Name:**
   - **Reason to see this health-care provider:**
   - **Phone:**

3. **Name:**
   - **Reason to see this health-care provider:**
   - **Phone:**

**Prescribed Medicines**

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Dose</th>
<th>Number of Times Taken Each Day</th>
<th>Prescribed by</th>
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**Over-the-Counter Medicines**

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<tr>
<th>Name of Drug</th>
<th>Dose</th>
<th>How Often I Use This Drug</th>
<th>Recommended by</th>
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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.

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