



About My Asthma Care Record

Use this chart to keep track of your provider visits and the progress you've made with your asthma goals.

Fill Out Before Each Visit		Visit Date / /	Visit Date / /	Visit Date / /
Symptoms	Number of days with asthma symptoms in the past week			
	Number of days I used rescue inhaler medicine in the past week			
	Number of nights asthma kept me awake or woke me in the past month			
	Number of hospital or emergency department visits due to asthma in the past 3 months			
	Number of days I have missed school or work or reduced my activities due to asthma			
	My Asthma Control Test™ score			
Medicine & Monitoring	Do I take my daily preventive asthma medicine(s) every day?			
	Is it time to refill my asthma medicine?			
	Do I use my inhalers and peak flow meter the right way?			
	Do I have a current asthma action plan?			
Readiness	Am I confident that I can follow my asthma action plan?			
	Do I know my triggers and how to avoid them?			
	Have I scheduled my next asthma visit (at least every 6 months or as my provider recommends)?			

Asthma Control Test™ is a trademark of QualityMetric Incorporated.

This material was developed by GSK.

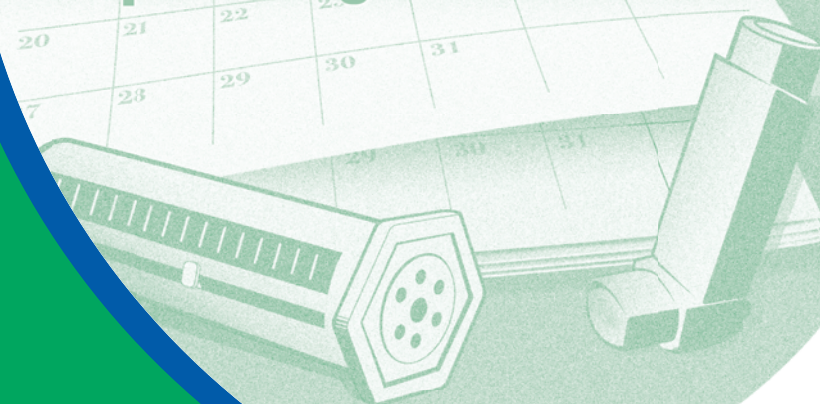


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ABOUT ASTHMA

Your Treatment & You:
Working Together to
Help Manage Your Health





Taking your medicine as directed is one of the most important things you can do. If you're like most people, this may be easier said than done.

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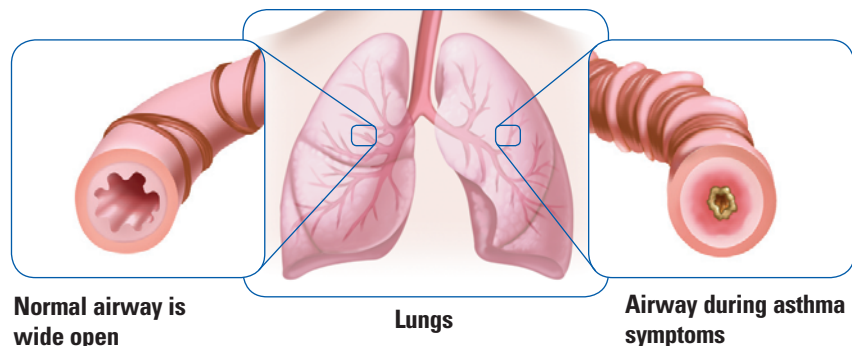


Asthma—What Is It?

“My healthcare provider says I have asthma. What does this mean?”

Asthma is a long-term disease of the lungs that makes it hard to breathe. When you breathe, air goes in and out of your lungs through small tubes called airways. With asthma, two main things can happen in the airways:

- **Inflammation—**
The airways swell and fill with mucus
- **Constriction—**
The muscles around the airways tighten. This makes the airways smaller



These airway changes make it harder to breathe and cause asthma symptoms.

What does asthma feel like?

The main symptoms of asthma are coughing, wheezing, chest tightness, and shortness of breath.



Talking With Healthcare Team

Strongly Agree Agree Neutral Disagree Strongly Disagree

7 My doctor/nurse and I work together to make decisions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Behavior



Taking Medicines

Have You...

In the last week In the last month In the last 3 months More than 3 months ago Never

8 Taken a medicine more or less often than prescribed?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

9 Skipped or stopped taking a medicine because you didn't think it was working?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

10 Skipped or stopped taking a medicine because it made you feel bad?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

11 Skipped, stopped, not refilled, or taken less medicine because of the cost?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

12 Not had medicine with you when it was time to take it?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

If you checked any answers in the darker blue boxes, talk with your healthcare provider.

Taking Medicine— What Gets In The Way?



Think about all of the medicines you take. Mark one answer for each item below.

Inconvenience/Forgetfulness



Lifestyles

Strongly Agree Agree Neutral Disagree Strongly Disagree

1 I just forget to take my medicines some of the time.

☐ ☐ ☐ ☐ ☐

2 I run out of my medicine because I don't get refills on time.

☐ ☐ ☐ ☐ ☐

3 Taking medicines more than once a day is inconvenient.

☐ ☐ ☐ ☐ ☐

Treatment Beliefs



Attitudes and Beliefs

Strongly Agree Agree Neutral Disagree Strongly Disagree

4 I feel confident that each one of my medicines will help me.

☐ ☐ ☐ ☐ ☐

5 I know if I am reaching my health goals.

☐ ☐ ☐ ☐ ☐


Help From Others

6 I have someone I can call with questions about my medicines.

☐ ☐ ☐ ☐ ☐

What triggers asthma symptoms?

Many common things may cause asthma symptoms. These are called "triggers" and include:



Smoke



Pollen



Strong Odors



Exercise



Dust Mites



Weather/Air Quality



Cockroaches



Colds/Flu



Mold



Stress



Vacuum Cleaning



Pets

Be aware of your triggers and when and where you may find them. If you cannot stay away from your triggers, talk with your provider to find ways to manage them.

“My provider said asthma can't be cured, so what can I do?”

It's true, there is no cure for asthma. But there are medicines that may help **prevent your asthma symptoms**. With proper treatment, you may be able to do more of the things you want to do.

Use the goal checklist on the next page. Set goals that you are ready to reach.



My Asthma Goals— What Are They?

You are the most important person in managing your asthma. Talk with your provider to help you choose one or more goals you are ready to work on now.

Goal 1



Asthma Symptoms

- ☐ I will have infrequent or no asthma symptoms (wheezing, coughing, shortness of breath, or chest tightness).
- ☐ I will sleep through the night without waking up because of asthma symptoms.
- ☐ I will _____.

Goal 2



Daily Preventive Asthma Medicine

- ☐ I will take my daily preventive asthma medicine(s) as directed every day, even when I feel fine.
- ☐ I will ask questions when I don't understand my provider's instructions.
- ☐ I will _____.

Goal 3



Rescue Inhaler Medicine

- ☐ I will carry my rescue inhaler medicine with me and use it for sudden asthma symptoms.
- ☐ I will tell my provider if I use my rescue inhaler more than 2 days in a week.
- ☐ I will _____.

Goal 4



Peak Flow Monitoring*

- ☐ I will check my peak flow levels as directed.
- ☐ My peak flow numbers will stay in the green zone (at least 80% of my personal best peak flow).
- ☐ I will follow my asthma action plan if my peak flow or asthma symptoms are in the yellow or red zone.
- ☐ I will _____.

For more help and information, contact 1 or more of these asthma resources:

American Lung Association®

800-LUNGUSA (800-586-4872)

(includes information on local chapters and support groups)

www.lung.org

American College of Allergy, Asthma & Immunology (ACAAI)

847-427-1200

www.acaai.org

American Academy of Allergy, Asthma & Immunology (AAAAI)

414-272-6071

www.aaaai.org

Centers for Disease Control and Prevention

800-CDC-INFO (800-232-4636)

www.CDC.gov/asthma

National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health

301-592-8573

www.nhlbi.nih.gov

United States Environmental Protection Agency

202-272-0167

www.epa.gov/asthma

The resources listed above are administered by independent third parties not affiliated with or endorsed by GSK. GSK is not responsible for the content of these resources.



Asthma Support— Where Can I Go for Help?

“I feel like I’m handling this all alone.”

- Ask a family member or friend to support you, such as going with you to your next provider visit.
- Ask your provider about an asthma support group. You can find a group in your area at www.lung.org.

If you have trouble paying for your medicine:

- If you have Medicare or think you are eligible for Medicare, call 800-MEDICARE (800-633-4227), or visit www.medicare.gov.
- For more information on Medicaid, contact your state Medicaid agency.

Have you felt moody or blue?

It’s common for people with chronic conditions, such as asthma, to feel moody or blue from time to time. If these feelings continue, you may lose interest in the things you used to like to do. Or you may have problems sleeping or working. The good news is that you don’t have to deal with these feelings by yourself. Talk with your family, friends, and provider for help.

To learn more about what may be getting in the way of taking your medicines, go to the Medicine section of www.HealthCoach4Me.com.

Goal 5



Daily Activities

- ☐ I will take part in my usual activities.
- ☐ I will tell my provider if asthma gets in the way of my work, home life, or school.

Goal 6



Provider Visits

- ☐ I will keep my provider appointments even when I feel fine.
- ☐ I will talk with my provider about my symptoms and ways to manage my asthma using my asthma action plan.

Goal 7



Asthma Triggers

- ☐ I will find out what makes my asthma worse and try to avoid these things.

Goal 8



Help From Others

- ☐ I will talk with family and friends about how it feels to have asthma.
- ☐ I will join an asthma support group.
- ☐ I will let my provider know if I feel moody, blue, or stressed.
- ☐ I will _____.

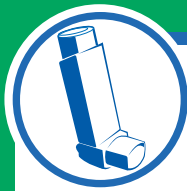
Goal 9



Asthma Emergencies*

- ☐ I will follow my provider’s instructions if my asthma or breathing gets worse.
- ☐ I will call 911 and get emergency help right away if my peak flow or asthma symptoms are in the red zone.
- ☐ I will _____.

* See pages 10 and 11 for information on creating an asthma action plan.



Asthma Medicines— How Do They Work?

There are two main types of medicine for asthma:

Daily Preventive Asthma Medicines and
Rescue Medicines.

Daily Preventive Asthma Medicines

- These medicines are used to help prevent asthma symptoms. Do not use these medicines for sudden asthma symptoms
- Daily preventive asthma medicine helps reduce swelling inside the airways or relaxes airway muscles
- Take it every day, even when you feel fine, as directed by your provider
- Daily preventive asthma medicine taken with an inhaler includes:
 - **Inhaled corticosteroids**
 - **Inhaled corticosteroid combined with a long-acting bronchodilator**—Your provider may tell you to take this if you still have asthma symptoms while taking an inhaled corticosteroid
- Daily preventive asthma medicine taken as pills includes:
 - **Leukotriene modifiers**
 - **Theophylline**
- Over time, your provider may stop, change, or add daily preventive asthma medicines
- Talk with your provider before you make any medicine changes

Prepare before you go to your provider's office. Check off the statements that apply to you, and discuss them with your provider.

Since my last visit:

I have taken my daily preventive asthma medicine(s) as directed

☐ Every day ☐ Most days ☐ Some days ☐ Not at all

☐ I have used my rescue inhaler medicine more than 2 days in a week.

☐ I have followed my asthma action plan.

☐ My peak flow levels have been in the green zone most of the time.

☐ I have been awakened by my asthma symptoms more than one or two times per month.

☐ I have missed work, school, or other activities because of asthma.

☐ I have had emergency department visits or hospital stays due to asthma.

☐ I have made progress on my asthma goals.

☐



My Healthcare Provider Visits— How Can I Get Ready?

You and your providers are a team in managing your asthma. Talk openly and honestly with your providers.

“I don’t feel right asking my provider some questions.”

- All questions are important. Do not be afraid to speak up if you do not understand something.
- Your provider can help you with your asthma action plan. Call your provider if you have any problems with your medicine or if you are not happy with your plan.
- Ask how your medicine will help you, and tell your provider if you have any concerns.

If you have trouble understanding what your provider says:

- Ask your provider to repeat anything you don’t understand.
- Ask a family member to join you on provider visits. They can write down your provider’s answers.
- Ask for written information about your medicine. Is it available in large print or another language?
- Ask your provider or pharmacist to show you how and when to use your inhaler.

You should always have a rescue inhaler with you. But if you need to use it more than 2 days in a week, tell your healthcare provider.

“I worry about using inhaled steroids.”

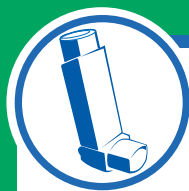
The steroids used to treat asthma are NOT the same as the steroids some people take to build muscle. Steroids used to build muscle are called anabolic steroids. Steroids used for asthma are called corticosteroids and are often inhaled. If asthma is severe, steroid pills or liquids may be taken for a short period of time.

Rescue Medicines

- Everyone with asthma needs a rescue medicine, such as a rescue inhaler
- A rescue inhaler helps open up your airways when you have sudden asthma symptoms
- Rescue inhaler medicines include:
 - Albuterol – Levalbuterol – Pirbuterol

Tip: Keep your rescue inhaler with you at all times.

Talk with your healthcare provider at each visit about your asthma medicines. Ask your provider to help you fill out the asthma action plan on the next page. A plan can help you manage your asthma, especially when you’re having asthma symptoms. If your asthma or breathing suddenly gets worse, follow your provider’s instructions.



My Treatment Plan— How Do I Take Action?

Develop an asthma action plan with your provider. An asthma action plan can help you manage your asthma symptoms. It is based on your symptoms and peak flow numbers, which you use to find your “zone”. Your provider will write the medicine to take in each zone.

GREEN=GO

- No cough, wheeze, shortness of breath, or chest tightness
- Can work and play

Breathing is good.

Peak flow above: _____

MEDICINE

My symptoms are getting worse.

Peak flow between: _____ and _____

MEDICINE

I am having serious symptoms.

Peak flow reading below: _____

MEDICINE

RED=DANGER

- Rescue medicine isn't helping
- Very short of breath—ribs show
- Can't walk or talk well





Have your child complete these questions.

1. How is your asthma today?





 0 Very bad	 1 Bad	 2 Good	 3 Very good
--	---	--	---

SCORE





2. How much of a problem is your asthma when you run, exercise, or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a problem but it's okay.	 3 It's not a problem.
--	--	--	---

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
---	--	--	---

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
---	--	--	---

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

 5 Not at all	 4 1-3 days	 3 4-10 days	 2 11-18 days	 1 19-24 days	 0 Everyday
--	--	---	--	--	--

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

 5 Not at all	 4 1-3 days	 3 4-10 days	 2 11-18 days	 1 19-24 days	 0 Everyday
--	--	---	--	--	--

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

 5 Not at all	 4 1-3 days	 3 4-10 days	 2 11-18 days	 1 19-24 days	 0 Everyday
--	--	---	--	--	--

The Childhood Asthma Control Test was developed by GSK.

TOTAL



Childhood Asthma Control Test for Children 4 to 11 Years

Know the score

This test will provide a score that may help your provider determine if your child's asthma treatment plan is working or if it might be time for a change.

How to Take the Childhood Asthma Control Test

Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding a question, you may help, but let your child select the response. **Complete the remaining three questions (5 to 7) yourself**, without letting your child's response influence your answers. There are no right or wrong answers.

Step 2 Write the number of each answer in the score box provided.

Step 3 Add up the score boxes for the total.

Step 4 Take the test to the provider to talk about your child's total score.

19
or less

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your provider to talk about your child's results.

Name: _____

Date: ____ / ____ / ____

Provider/Phone: _____

My best peak flow reading when I am feeling fine is: _____

Emergency: Call 911

HOW MUCH TO TAKE

WHEN TO TAKE IT

HOW MUCH TO TAKE

WHEN TO TAKE IT

DANGER! CALL 911!

HOW MUCH TO TAKE

WHEN TO TAKE IT

Fill out a medicine chart like the one below and talk with your provider. This may help you take the right dose at the right time. Include all medicines that you take for all reasons.

Talk with your provider if you have questions about a medicine or how to take it.

[illegible]

Each response to the five Asthma Control Test™ questions has a point value from 1 to 5. To score, **add up the point values for each response to all five questions.**

If your score is 19 or less, your asthma may not be under control. No matter what your score is, share the results with your provider.

Notes

Take the Asthma Control Test™ (for people 12 years and older)

Know your score. Share your results with your provider.

Step 1: Write the number of each answer in the score box provided.

Step 2: Add up each score box for your TOTAL.

Step 3: Take the test to your provider to talk about your score.

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

1	2	3	4	5	SCORE
All of the time	Most of the time	Some of the time	A little of the time	None of the time	<input type="text"/>

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

1 More than once a day 2 Once a day 3 3 to 6 times a week 4 Once or twice a week 5 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?

1	2	3	4	5
4 or more nights a week	2 or 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)?

1	2	3	4	5
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**?

1	2	3	4	5
Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled

TOTAL

There are two main types of medicine for asthma:

Daily Preventive Asthma Medicine

- Take it every day, even when you feel fine, as directed by your provider
- Take it to help prevent asthma symptoms

Rescue Medicine

- Most often taken as a rescue inhaler
- Take your rescue medicine when you have sudden asthma symptoms

[illegible]

Pharmacy name / phone number



Sticking With My Medicine— What Will Work?

Taking your daily preventive asthma medicine as directed by your provider is one of the most important things you can do to help manage your asthma.

Not taking your daily preventive asthma medicine as directed by your provider means:

- Your medicine may not work the way it should.
- You will likely have more asthma symptoms.
- The asthma symptoms you have may be more severe.
- Your asthma may become harder to control.

“I’m so busy. Taking medicine gets in the way of my day.”

The key is to create a routine that fits your life:

- Try taking your daily preventive asthma medicine around the same time as other daily habits, such as in the morning when brushing your teeth or in the evening around dinnertime.
- Ask your provider if there is a medicine you can take less often. A simpler medicine schedule may help you.

If you often forget to take your medicine:

- Wear a watch. Set an alarm.
- Leave yourself a note on the bathroom mirror.
- Keep your daily preventive asthma medicine in a place where you will see it every day.

If you forget to refill your medicine on time:

- Write “refill medicine” on your calendar about a week before your medicine will run out.
- If your asthma medicine has a dose counter, use it to help you keep track of the doses you have left.
- Make sure you have enough refills to last until your next provider visit.
- Ask your pharmacy to send you reminders to refill your prescription.



Work with your healthcare provider to find ways to take your asthma medicine as directed.