
Asthma Education Checklist

This form is to help you and your doctor talk about asthma. Please fill it out and hand it to your doctor. Thank you.

Patient's Name: _____ Date: ____/____/____

I. What questions do you have about asthma? Please check all that apply.

- What is asthma?
- What causes asthma?
- What triggers an asthma attack?
- How do the following affect asthma? Please check those you have questions about.
 - Allergies (pollens, feathers, mold, animals, food, dust) Smoking
 - Changes in weather Sports and exercise Sleeping
 - Stress and excitement Illness (cold, flu) Paints and cleaners
- Do I/my child need to limit exercise and sports because of asthma?
- What changes can I make at home to help my/my child's asthma?
- What are the warning signs of an asthma attack?
- How do I know when to go to the emergency room?
- How do I know when to send my child back to school after an asthma episode?
- What medications are there to treat my/my child's asthma?
- How and when should I/my child take asthma medication?
- What are the side effects of my/my child's medication?
- What new treatments are available for asthma?
- How is a peak flow meter used?
- How often should I/my child come in for asthma check-ups?
- What should I tell my/my child's school/employer about asthma?
- What can I do to better manage my/my child's asthma?
- Will I/my child grow out of asthma?
- Where can I get information about asthma?
- Other: _____?

2. What ways do you learn best? Please check all that apply.

- One-on-one questions/answers
- Resource/lending library
- Video
- Telephone/hotline
- Internet
- Computer programs
- Written materials (pamphlets, books)
- Workshops/presentations
- Support groups
- Other: _____

What additional questions or concerns do you have about your asthma? (Please use other side if needed).
