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: _____/_____/_____

1. 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).