

# Doctor Discussion Guide

Use the space provided to write down your answers. Bring your written answers to your next appointment and discuss them with your healthcare provider.

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**1. Which medications are you taking for asthma?**

	HOW MUCH	WHEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. How often do you use your rescue inhaler?**

\_\_\_\_\_

**3. List any other medications you are taking.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. What asthma symptoms are you experiencing (wheezing, coughing, chest tightness, shortness of breath)?**

\_\_\_\_\_  
\_\_\_\_\_

**What things (triggers) make your asthma symptoms worse?**

\_\_\_\_\_

**5. How often are you experiencing symptoms?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Do your asthma symptoms affect usual activities? If so, how?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Do you have an Asthma Action Plan? If so, what steps have you taken to work toward your goals?**

\_\_\_\_\_  
\_\_\_\_\_

