

Asthma Workbook

For Adults with Asthma



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Comprehensive Asthma Management Program

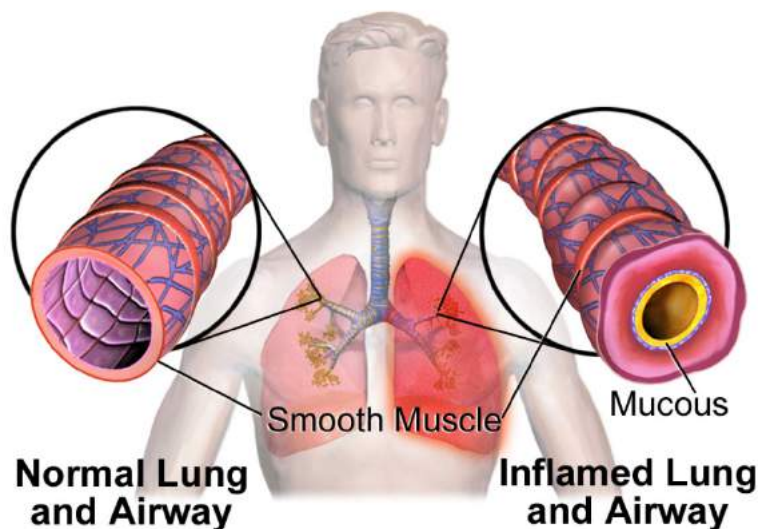


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Introduction

To the Patients with Asthma Program

Our workbook will introduce you to a step by step self-regulation approach to help you manage your asthma effectively. It will teach you observation skills to monitor your asthma and identify asthma problems. We will help you identify goals and help you meet them. It will also help you communicate better with your health care providers to get the most out of your asthma treatment.

This asthma workbook will help you to control your asthma better than ever!



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What will the nurse health educator do?

The nurse will meet with you at your first doctor's appointment. She will then call you 2 weeks later and again 4 months later. She will also meet with you 4 weeks after your initial doctor visit. She will introduce you to "The Pride process" which is designed to improve the success of your own asthma management.

The Pride Process

- **P:** problem-solving around issues related to asthma self-management
- **R:** researching your routine to identify influence on the identified problem
- **I:** Identifying a goal
- **D:** Developing a plan to reach the goal
- **E:** Exploring a reward for making progress

During the program you will be guided by your physicians and nurses through a period of self-observation using peak flow meters, diaries, and other instructive materials. With our help, you'll come to see steps, barriers, and strategies to achieving your desired level of asthma management.

As you focus on a problem area you have selected to improve, your nurses will ask you to consider factors that may affect your asthma.

Throughout the program your nurses will encourage you to discuss your questions and observations with your physicians. The method you will learn is designed to enhance the patient-physician partnership in asthma management. In summary, your nurses and physicians will work together to help you control your asthma better.

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Session 1: Asthma Education

- Asthma Basics
- Peak Flow Readings
- Asthma Action Plan
- Asthma Logbook
- Pride Process
- What Are Common Issues I Might Be Having?
- Mini Asthma Quality of Life Questionnaire

What are common issues I might be having?

Below are some common issues you might be having with your asthma. This list is intended to help you understand the common issues asthma patients have, please do not feel alone in your diagnosis. Check any of the boxes below if you have these feelings and you can discuss them with your doctor.

- I have a problem with my diagnosis of asthma: Do I really have asthma?
- I feel chest tightness and/or may wheeze whenever I cook, vacuum, or dust.
- I wheeze or have trouble breathing when exercising or dancing.
- I feel that my asthma hinders me from completing my daily living routines like housework, yard work, brisk walking, or walking up stairs.
- I have concerns taking asthma medication when I don't have symptoms.
- I am embarrassed to take asthma medication at my work place when people are around.
- I have concerns about side effects of asthma medication.
- I have trouble taking asthma medication when I am traveling.

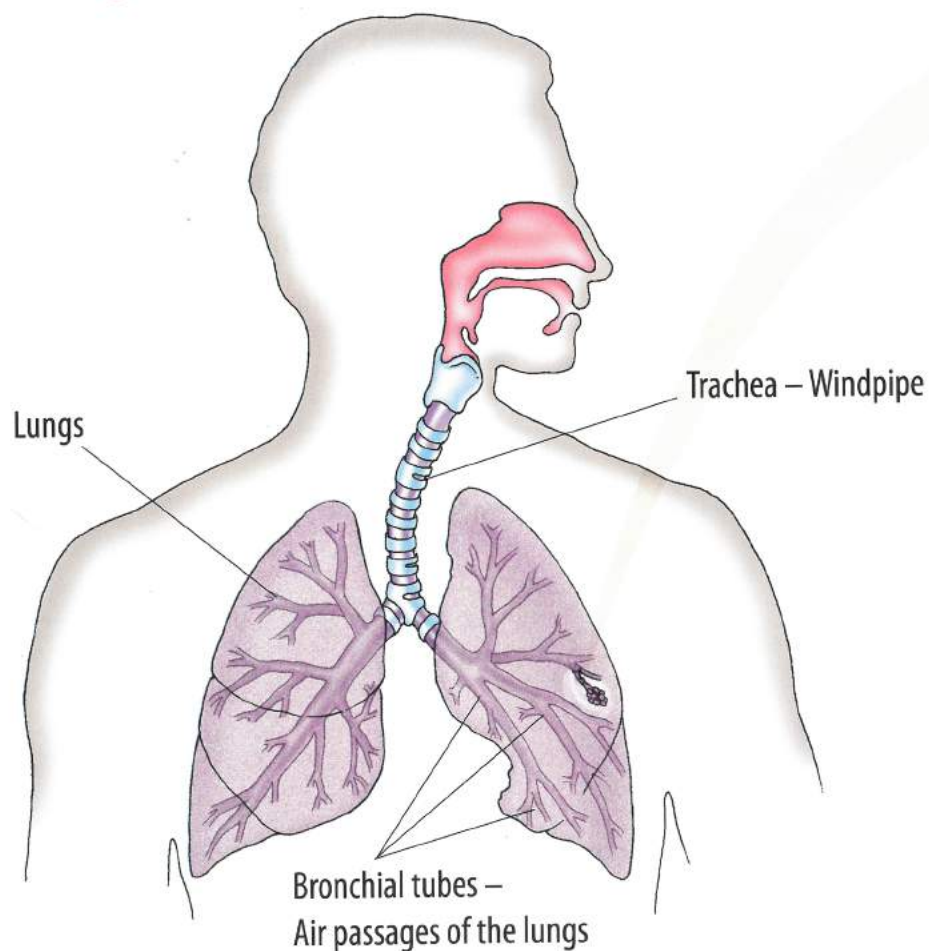
- I sometimes forget to take my asthma medication.
- I cannot give up my animals although I know I am allergic to them.
- Smoke may trigger my symptoms, and I live with someone who smokes. I'm afraid to tell them because I don't want to hurt their feelings.
- I find that the seasonal changes worsen my asthma.
- It is difficult for me to distinguish between my asthma and other medical conditions.
- I sometimes have sleepless or restless nights due to my asthma.
- I do not feel independent in taking care of my asthma. It is difficult for me to rely on my family members and friends for help with my asthma care.
- I have necessary tasks and activities that expose me to asthma triggers and make my symptoms worse.

What Is Asthma?

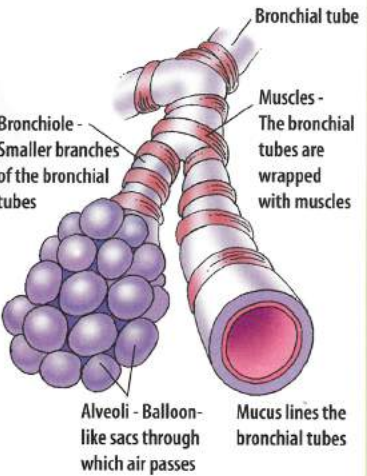
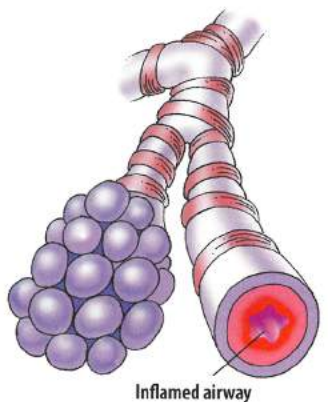
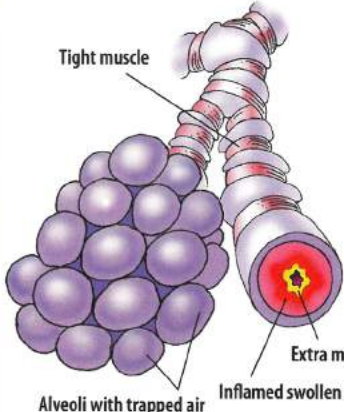



Asthma is a chronic (long-term) disease of the airways in the lungs. It can't be spread to others, and it has nothing to do with how you were raised or your relationships. Asthma is often hereditary, meaning it is passed through families. Sometimes, more than one person in the same family has asthma.

Understanding how your lungs work will help you understand more about asthma.

Inside Your Lungs



When You Have Asthma

Normal Airway	Inflamed Airway	Airway Under Attack
 <p>Bronchiole - Smaller branches of the bronchial tubes</p> <p>Alveoli - Balloon-like sacs through which air passes</p> <p>Bronchial tube</p> <p>Muscles - The bronchial tubes are wrapped with muscles</p> <p>Mucus lines the bronchial tubes</p>	 <p>Inflamed airway</p>	 <p>Tight muscle</p> <p>Alveoli with trapped air</p> <p>Extra mucus</p> <p>Inflamed swollen airway</p>
		
<p>NORMAL</p> <p>When asthma is under control, the linings of the airways (bronchial tubes) are smooth, clear, and air flows easily in and out.</p>	<p>INFLAMED AIRWAYS</p> <p>With asthma, your airways are super sensitive. When asthma is not controlled, the airways become inflamed and swollen. The airways then are made smaller, but air can still flow. When this happens, you may have a cough, chest tightness, wheezing, shortness of breath, or you may feel tired.</p>	<p>DURING AN ATTACK</p> <p>During an attack, the airways swell up even more and make extra mucus (phlegm). Also, the muscles around the airways become tight, and air gets trapped in the alveoli (the small sacs at the end of the bronchial tubes). All of this makes it very hard for air to pass through your airways and can even block them. You may wheeze, cough, and have trouble breathing.</p>

Using Your MDI With a Spacer

To make your breathing better, you **MUST** take your medicine as explained below. Following these instructions puts more of the medicine into your lungs. This will open up your air passages and help you breathe easier and feel better. You need to ask your health-care provider or pharmacist how many puffs of medicine your metered-dose inhaler (MDI) has when it is full. You need to keep track of how many puffs of medicine you take every day, so you can have your MDI refilled before you run out of medicine. Before using the MDI, please read the priming or preparing instructions. Your MDI and spacer should be cleaned once a week. See instructions on cleaning your MDI.



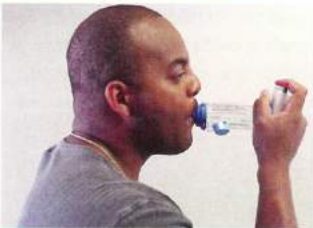
STEP 1:
Take cap off MDI. Check for and remove any dust, lint, or other objects. Shake MDI well.



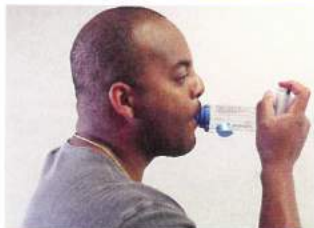
STEP 2:
Attach MDI to spacer.



STEP 3:
Sit up straight and breathe out normally.



STEP 4:
Put mouthpiece of spacer in your mouth. Close your lips around the mouthpiece and make a tight seal. Press down on the MDI. This puts one puff of medicine into the spacer.



STEP 5:
To breathe in that one puff of medicine, take a SLOW, DEEP breath. Breathe in as much air as you can. Try to fill up your lungs completely. It is important that the breath be SLOW and DEEP.



STEP 6:
Remove the mouthpiece from your mouth. HOLD your breath for 10 seconds. If you cannot hold your breath for 10 seconds, hold your breath as long as you can.



STEP 7:
If you need to take another puff of medicine, wait 1 minute. After 1 minute, repeat steps 3-6.



STEP 8:
Recap the MDI. Rinse your mouth with water after you have taken your last puff of medicine. Make sure you spit the water out, do not swallow it. Rinsing is only necessary if the medicine you just took was a corticosteroid, such as Flovent®, Beclovent®, Vanceril®, Aerobid®, or Azmacort®.

University of Michigan Hospitals & Health Centers
Asthma Action Plan for Patients 12 Years or Older

Name: _____	
Reg #:	Date: _____
DOB:	Age: _____

<p>GREEN ZONE (Doing Well)</p> <ul style="list-style-type: none"> ✓ Breathing is good (no coughing, wheezing, chest tightness, or shortness of breath during the day or night), and ✓ Able to do usual activities (work, play, and exercise), and ✓ Peak flow is more than 80% of your personal best (_____) <p>Personal Best: _____</p>	<p>Controller Medications Take these medication(s) EVERY DAY.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medication</th> <th style="width: 50%;">Directions</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p><input type="checkbox"/> If you usually have symptoms with exercise, then take: _____</p>	Medication	Directions																				
Medication	Directions																						
<p>YELLOW ZONE (Caution)</p> <ul style="list-style-type: none"> ✓ Breathing problems (coughing, wheezing, chest tightness, shortness of breath, or waking up from sleep), or ✓ Can do some, but not all, usual activities, or ✓ Peak flow is between 60% to 80% of your personal best (_____ to _____) 	<p>Rescue Medications Continue taking your controller medication(s) as prescribed.</p> <p>Take: _____</p> <p>Then: • Wait 20 minutes and see if the treatment(s) helped</p> <ul style="list-style-type: none"> • If you are GETTING WORSE or are NOT IMPROVING after the treatment(s), go to the Red Zone • If you are BETTER, _____ <p>Then: If you still have symptoms after 24 hours, CALL YOUR DOCTOR and if he/she agrees:</p> <p><input type="checkbox"/> Start: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><i>If rescue medication is needed more than 2 times a week, call your doctor at _____.</i></p>																						
<p>RED ZONE (Medical Alert)</p> <ul style="list-style-type: none"> ✓ Breathing is hard and fast (nose opens wide, ribs show), or ✓ Rescue medications have not helped, or ✓ Cannot do usual activities (including trouble talking or walking), or ✓ Peak flow is less than 60% of your personal best (_____) 	<p>Emergency Treatment Take these medication(s) and seek medical help NOW.</p> <p>Take: _____</p> <p>Then: • Wait 15 minutes and see if the treatment(s) helped</p> <ul style="list-style-type: none"> • If you are GETTING WORSE or are NOT IMPROVING, go to the hospital or call 9-1-1 • If you are BETTER, continue treatments every 4 to 6 hours and call your doctor – say you are having an asthma attack and need to be seen TODAY <p>Then: <input type="checkbox"/> If your doctor agrees, start: _____</p> <p><input type="checkbox"/> Other: _____</p>																						

Plan Developed in Partnership with Patient by (Doctor's Name): _____ Doctor Number: _____
 Signature: _____ Date/Time: _____

POD-0243	REV: 12/09 HIM: 12/09	Medical Records		Asthma Action Plan Patients 12 Years or Older
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Peak Flow Reading Instructions

How do I establish my personal best?

Do this for 2 weeks to establish your personal best:

- Use your Peak Flow meter twice daily.
- Record the best of 3 in the morning and the best of 3 in the evening.
 - Please take peak flow readings twice a day:
 - Once in the morning
 - Once in the evening
 - Be sure to take the readings at the same time in the morning and evening every day.
 - It is important that when you measure your peak flow in the morning it is before you take any medications.
 - Record the highest of the three numbers in your asthma logbook.
 - Then, place an X in the colored box that corresponds to the symptoms you are experiencing or have not experienced.

What other times should I check my Peak Flow reading?

Also check your Peak Flow reading when you feel you are having asthma symptoms, for example:

- coughing
- shortness of breath
- chest tightness
- wheezing
- fast breathing
- any other asthma symptoms

If you are not in significant distress during these asthma symptoms and you have your peak flow meter nearby, use your peak flow meter first, then immediately after, use your Albuterol with your spacer. Wait 20 minutes. Then use your Peak flow meter again. Please record these numbers.

Should I check my Peak Flow reading when I exercise?

Yes, check your Peak Flow reading before and after exercise, this is one way to determine if Asthma or Deconditioning is causing your breathing trouble. Please record these numbers as well.

How do I use my logbook?

Place an **X** in the **green zone** if you are doing **doing well**:

- Your breathing is good (no coughing, wheezing, chest tightness, or shortness of breath during the day or night)
- You're able to do usual activities (work, play, and exercise),
- Your Peak Flow Reading is between **320 and 40**

Place an **X** in the **yellow zone** if your asthma symptoms are starting to get worse. We refer to this area as **cautionary**:

- You have no breathing problems (coughing, wheezing, chest tightness, shortness of breath, or waking up from sleep)
- You can do some, but not all, of your usual activities
- Your Peak Flow Reading is somewhere between **200 and 319**

Place an **X** in the **red zone** when your asthma symptoms warrant the need for medical help or what we refer to as **medical alert**:

- Your breathing is hard and fast (your nose opens wide, your ribs show)
- Your rescue medications have not helped
- You cannot do usual activities (you have trouble talking or walking)
- Your Peak Flow Reading is somewhere between **100 and 199**

In the row labeled “Related Activities, Events, & Possible Triggers”, please write in any activities or events you participated in, as well as

any triggers you have been exposed to during the day that caused you to start having asthma symptoms.

In the row labeled “Symptoms”, record any symptoms you have been experiencing, e.g., wheezing, coughing, chest tightness, or any others during the day and evening. Also note in the boxes if there are NO symptoms.

In the last box fill in any additional asthma medications you may be taking.

Below is an example of an asthma logbook all filled out.

MY PERSONAL BEST PEAK FLOW READING (PBR) IS 280		MY ASTHMA DIARY				
		MY NAME: _____		MY BIRTHDAY: ____/____/____		
	MONDAY		TUESDAY		WEDNESDAY	
	AM	PM	AM	PM	AM	PM
PEAK FLOW READING	350	300	245	230	189	210
RED SEVERE Sx					X	
YELLOW SX			X	X		X
GREEN SX	X	X				
RELATED ACTIVITIES, EVENTS, & POSSIBLE TRIGGERS	Allergies? Cold? Drank 3 cups of coffee and ate spicy food for dinner.		Time in damp moldy basement, used Lysol & Tilex. Getting a cold?		Definite cold symptoms. Time in dusty storeroom at work.	
SYMPTOMS	Runny nose, scratchy throat, heartburn.		Cough, slight chest tightness, throat clearing, yellow mucus from nose, headache.		Cold worse. Stayed in bed all afternoon/evening	
ADDITIONAL MEDICINE TAKEN	N/A		Used 2 puffs of albuterol 1 time in evening		Used 2 puffs albuterol 1 time in morning	
					Used 2 puffs albuterol 2 times afternoon	
					Cold continues. Tried to do some work from home.	
					Tired, restless, cough, wheeze, stuffynose, thick yellow green mucus.	
					Cough, chest tight, sinus drainage, headache.	
					Switched from albuterol puffer to nebulizer; 4 treatments.	

Why is filling out my asthma logbook important?

An asthma logbook **is a very useful tool** for tracking your asthma. Using its graphic format, you can record information related to your asthma every day. When you log your peak flow readings, symptoms, medication use, triggers, and activities you will get a clearer picture of how these factors may be related and affect your asthma. Over time, your logbook may reveal symptom patterns that may not have been obvious to you before.

Your asthma logbook can also be a useful tool to help you communicate with your health care providers. The information you collect in your logbook will help your physician treat your asthma more effectively.

In summary, keeping an asthma look book will help you and your health providers understand your asthma better in order to provide a treatment program that is tailored to your needs.

Mini Asthma Quality of Life Questionnaire

The next section is designed to find out how you have been feeling during the past two weeks. I'll ask you about the symptoms you have experienced as a result of your asthma and how they have made you feel. The answer options are on a scale from 1 to 7, where 1 is all of the time and 7 is none of the time.

In general, how much of the time during the last 2 weeks did you:	All of the time	Most of the time	A Good Bit of the Time	Some of the Time	A Little of the Time	Hardly any of the time	None of the time
1. Feel short of breath as a result of your asthma?	1	2	3	4	5	6	7
2. Feel bothered by or have to avoid dust in the environment?	1	2	3	4	5	6	7
3. Feel frustrated as a result of your asthma?	1	2	3	4	5	6	7
4. Feel bothered by coughing?	1	2	3	4	5	6	7
5. Feel afraid of not having your asthma medication available?	1	2	3	4	5	6	7
6. Experience a feeling of chest tightness or chest heaviness?	1	2	3	4	5	6	7
7. Feel bothered by or have to avoid cigarette smoke in the environment?	1	2	3	4	5	6	7
8. Have difficulty getting a good night sleep as a result of your asthma?	1	2	3	4	5	6	7

9. Feel concerned about having asthma?	1	2	3	4	5	6	Session 1
In general, how much of the time during the last 2 weeks did you:	All of the time	Most of the time	A Good Bit of the Time	Some of the Time	A Little of the Time	Hardly any of the time	None of the time
10. Experience a wheeze in your chest?	1	2	3	4	5	6	7
11. Feel bothered by or have to avoid going outside because of weather or air pollution?	1	2	3	4	5	6	7

This section is about how your asthma has limited your activities during the past two weeks:

How limited have you been during the last 2 weeks doing these activities as a result of your asthma...	Totally limited	Extremely limited	Very limited	Moderate limitation	Some limitation	A little limitation	Not at all limited
12. Strenuous activities (such as hurrying, exercising, running upstairs, sports)	1	2	3	4	5	6	7
13. Moderate activities (such as walking, housework, gardening, shopping, climbing stairs)	1	2	3	4	5	6	7
14. Social activities (such as talking, playing with	1	2	3	4	5	6	7

pets/children, visiting friends/relatives)							
15. Work- related activities (tasks you have to do at work***)	1	2	3	4	5	6	7

If you are not employed or self-employed, these should be tasks you have to do most days.

Session 2: Asthma Review

- Telephone call with nurse.
- Review of Session 1
- Step 1 in Pride Process: Problem Solving
- Step 2 in Pride Process: Research the Routine

Session 1 Follow-up:

My highest Peak Flow Reading:

My understanding of AAP:

My concerns about my medication:

My questions or concerns about devices,
medications or asthma in general?

Step 1 in the Pride Process:

Problem solving my issues related to asthma self-management

What problems do I want to work on to manage my asthma better?

Step 2 in the Pride Process:

Researching my routine to recognize factors
influencing my identified problem

*What factors make it difficult to work on my
problems? What factors help me work on my
problems?*

**Continue checking peak flows daily before
medications and logging them in your logbook.**

Session 3: Self-Management

- Nurse visit at clinic
- Bring asthma peak flow logbook with you
- Review of Session 2
- Asthma Program Expectations
- Step 3 in Pride Process – Identifying a Goal
- Step 4 in Pride Process – Developing a Plan
- Step 5 in Pride Process – Exploring Rewards

Session 2 Follow-up:

My Peak Flow Readings:

My concerns related to Asthma Action Plan medications or asthma in general?

My Asthma Program Expectations

“What do I expect from participation in the Asthma Program?”

Write down 1 or 2 of your expectations for yourself and the program for the next 8 weeks.

1.

2.

Circle the number that indicates your belief that your expectations will be met.

Not at all	Slightly	Moderately	Quite a lot	A Great Deal
1	2	3	4	5

Step 3 in the Pride Process:

Identifying my goals for asthma self-management

“What do I want to accomplish to be better at managing my asthma?”

(These goals can be related to the problem you selected)

- Discuss your problem and some reasons for it with your physician or health educator.
- Identify a goal for yourself. If you’re not sure what this means, a goal is the **change** you want to make.

Generally, there are two types of goals—**short-term** and **long-term**.

Let’s look at some examples of long-term goals:

- To increase my endurance for activities without symptoms
- To walk one mile.
- To take my asthma medication consistently whether there are symptoms or not.
- Become more independent with asthma care.
- Find ways to avoid my triggers, for example animals and Session 3

When you work on a **long-term** goal, it’s important to break it down into smaller, more manageable parts, otherwise referred to as **short-term** goals. Remember, big successes come in small steps.

Short-term goals are small behavior changes that you make. For instance, if your **long-term** goal is to walk a mile without wheezing and you haven’t been walking regularly, one of your **short-term** goals could be to walk one block, three times a week.

Step 4 in the Pride Process:

Developing a plan for reaching my goal

When you're developing your plan of action, remember to include the following four important parts:

1. **What** am I going to do?
 2. **When** am I going to do it?
 3. **Where** am I going to do it?
 4. **How often** am I going to do it?
- Don't forget to think about **all** of the obstacles and reasons, which may prevent you from reaching your chosen goal. Obstacles can make it very difficult for you to reach your goal. (**Remember:** these obstacles are called **barriers** to your goal.) Don't leave any steps out, even if you think it's unimportant at this time.
 - Finally, come up with some **strategies** that will guide you toward your **short-term** goal.

Developing a Plan for My Short Term Goal:

My **Short Term Goal** is:

Steps to Reaching My **Short-Term Goal** Are:

1.

2.

3.

4.

Barriers/Reasons	Strategies
What are some things that may prevent me from reaching my goal?	What specific things can I do to reach my goal?

Developing Plan for My Long Term Goal:

My Long Term Goal Is:

Steps to Reaching My **Long-Term** Goal Are:

1.

2.

3.

4.

Barriers/Reasons	Strategies
What are some things that may prevent me from reaching my goal?	What specific things can I do to reach my goal?

Example #1: Developing My Plan for My Short Term Goal:

My Short Term Goal Is:

Recognize my asthma symptoms

Steps to Reaching My Short-Term Goal Are:

1. *Keep logbook daily to observe my asthma.*
2. *Communicate with my doctor and ask questions regarding symptoms.*
3. *Read about symptoms in my workbook and understand asthma is a chronic lung disease that can be managed.*

Barriers/Reasons	Strategies
What are some things that may prevent me from reaching my goal?	What specific things can I do to reach my goal?
<i>Not logging in my logbook or keeping it in an accessible place.</i>	<i>Keep logbook in an area where it will remind me or leave notes on my bathroom mirror.</i>
<i>Communicating with doctor may be difficult.</i>	<i>Write down questions/concerns before an appointment. Express concern and ask for an asthma care plan from doctor</i>
<ul style="list-style-type: none"> • <i>Think asthma symptoms may go away.</i> 	<ul style="list-style-type: none"> • <i>Read workbook so I feel comfortable with what asthma is and how to control it.</i>

Evaluating My Short-Term Goal

We would like you to rate how certain you are that you will be able to achieve your goal by the end of the week.

- Ask yourself:

“On a scale of 1 to 10, how confident am I that I can accomplish my goal this week?”

Please circle the number that best indicates your attitude toward your goal:

Not Confident..... Very Confident

1 2 3 4 5 6 7 8 9 10

Step 5 in the Pride Process: **E**xploring a reward for making progress

Examples of Rewards:

- Set aside some extra “me time.”
- Plan a day trip to a special place.
- Buy a new piece of sports equipment.
- Schedule an extra round of golf.
- Go out to lunch with a friend.
- Buy a new article of clothing
- Buy a new tool from the hardware store
- Buy a plant.
- Visit an old friend.
- Buy some iTunes or a CD.
- Plan to go to a Movie, play or concert.
- Have a “night in at the movies” and rent DVDs.
- Buy an Instant Lotto ticket.
- Treat myself to something special or fun that I’ve been putting off for a long time.

My Reward Plan

My reward for accomplishing my **short-term goal** is:

My feelings about accomplishing my goals are:

Session 4: Goal Progress

- Phone call with nurse
- Review of Session 3
- Short and Long Term Goals
- Barriers to Reaching Goal

My Goal Progress

Progress with My Short Term goals:

Progress with My Long Term goals:

Trouble with my goals:

Barriers to Reaching My Goals:

Reason #1:

Solution:

Reason #2:

Solution:

My Concerns about My Medication:

Continue checking peak flows daily before medications and logging them in your logbook.

Session 5: Communication Strategies

- Phone call with nurse
- Review of Session 4
- Patient and Provider Partnership
- Preparing for 6 month follow up appointment

Patient-Provider Partnership

Expect your doctor to be busy, so prepare ahead of time. The doctor's assistant can answer some questions. Also, your pharmacist may be able to answer your questions regarding medication.

The following are things to consider:

- Make a list. It might be helpful to write down the answers as well.
- Never feel your questions are unimportant or silly, they are important and meaningful to you. Learn as much as you can about your medical condition.
- Ask questions until you fully understand, especially if you are confused about medical terms. You need this information to be clear so you can follow your asthma action plan with confidence.
- Tell your doctor all your health concerns, including allergies and reactions to medications.
- Tell your doctor about your lifestyle habits.
- Keep an updated list of all the medications you are taking (prescribed, over the counter and alternative medications) and share this with your doctor every visit.
- If you are having financial difficulties filling your prescriptions, discuss what options are available.

Review Session 4

Preparing for your 6 month follow up appointment.

My Concerns:

"My asthma concerns for my doctor are....."

Write down concerns you may have about your asthma or asthma management for your doctor. Show them this list at your next appointment.

1.

2.

3.

Session 6: Tying It All Together

- Review of Asthma Program, Sessions 1-5
- Mini Asthma Quality of Life Questionnaire

My Experience with the Program

*“My experience with the program that I want to share
with Dr. Baptist and staff.....”*

My Expectations for the Program

Answer the question below then compare it to your earlier answer in Session 3 for “My Asthma Program Expectations”.

1. The extent that I met my expectations is:

(Circle the number)

Not at all	Slightly	Moderately	Quite a lot	A Great Deal
1	2	3	4	5

2. Now, refer back to Session 3, “What do I expect from participation in the Asthma Program?” Write the number you put for: “Circle the number that indicates your belief that your expectations will be met.”? in the box

3. Compare the two numbers; did you meet your expectations?

Mini Asthma Quality of Life Questionnaire

The next section is designed to find out how you have been feeling during the past two weeks. I'll ask you about the symptoms you have experienced as a result of your asthma and how they have made you feel. The answer options are on a scale from 1 to 7, where 1 is all of the time and 7 is none of the time.

In general, how much of the time during the last 2 weeks did you:	All of the time	Most of the time	A Good Bit of the Time	Some of the Time	A Little of the Time	Hardly any of the time	None of the time
1. Feel short of breath as a result of your asthma?	1	2	3	4	5	6	7
2. Feel bothered by or have to avoid dust in the environment?	1	2	3	4	5	6	7
3. Feel frustrated as a result of your asthma?	1	2	3	4	5	6	7
4. Feel bothered by coughing?	1	2	3	4	5	6	7
5. Feel afraid of not having your asthma medication available?	1	2	3	4	5	6	7
6. Experience a feeling of chest tightness or chest heaviness?	1	2	3	4	5	6	7
7. Feel bothered by or have to avoid cigarette smoke in the environment?	1	2	3	4	5	6	7
8. Have difficulty getting a good night sleep as a result of your asthma?	1	2	3	4	5	6	7

9. Feel concerned about having asthma?	1	2	3	4	5	6	7
						Session 6	
10. Experience a wheeze in your chest?	1	2	3	4	5	6	7
11. Feel bothered by or have to avoid going outside because of weather or air pollution?	1	2	3	4	5	6	7

This section is about how your asthma has limited your activities during the past two weeks:

How limited have you been during the last 2 weeks doing these activities as a result of your asthma...	Totally limited	Extremely limited	Very limited	Moderate limitation	Some limitation	A little limitation	Not at all limited
12. Strenuous activities (such as hurrying, exercising, running up stairs, sports)	1	2	3	4	5	6	7
13. Moderate activities (such as walking, housework, gardening, shopping, climbing stairs)	1	2	3	4	5	6	7
14. Social activities (such as talking, playing with pets/children, visiting friends/relatives)	1	2	3	4	5	6	7

15. Work-related activities (tasks you have to do at work***)	1	2	3	4	5	6	7
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 Division of Allergy and Clinical Immunology
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