

PATIENT INFORMATION FORM— FOLLOW UP SESSION

Question/Diary Review

Notes on patient responses/ Diary Data

- How often have you experienced asthma symptoms during the daytime?
- How often have you been awakened at night by asthma symptoms?
- How often have you used a beta agonist inhaler (albuterol) for quick relief from asthma symptoms? (NOTE: If patient has brought back asthma diaries, refer to diary information when discussing this with a patient.)
- Have you gotten any medical care for asthma since the last time we spoke/met? [If yes] What as the reason?
- Was there any treatment administered or were any changes made in your asthma regimen?
- How do you feel about your current symptoms, or changes or changes in your symptoms, since Session 1? IS this treatment plan meeting your goals and preferences? (Acknowledge patient's experience—successes or problems)

If necessary for this section, show pictures on the **Asthma Controllers/Relievers poster.**

What controller medications have you been taking since we last met/spoke? (NOTE: Again, if patient has brought asthma diaries, refer to diary information when discussing this with the patient.)

For each medication:

- ✓ What is the dosage you have been taking and on what schedule?
- ✓ How many days in this week did you take _____ on this schedule?

[If patient has not been adherent] What has kept you from taking your _____ as prescribed?

(If non-adherence seems to be causing dissatisfaction with outcomes, explore barriers to adherence and try to find solutions.)

If patient has had adherence problems, try to determine whether non-adherence is a CAUSE or CONSEQUENCE of any expressed dissatisfaction with treatment outcomes.

(If non-adherence seems to be a consequence of unsatisfactory treatment results (i.e., the patient really gave the regimen a chance to work), then consider whether a change in regimen is indicated.

- Med 1 ALBUTEROL** Rx: _____
 # days taken last week _____
 Usual # of puffs _____
 How patient thinks it works: _____
- Med 2** _____ Rx: _____
 # days taken last week _____
 Usual # of puffs _____
 How patient thinks it works: _____
- Med 3** _____ Rx: _____
 # days taken last week _____
 Usual # of puffs _____
 How patient thinks it works: _____
- Med 4** _____ Rx: _____
 # days taken last week _____
 Usual # of puffs _____
 How patient thinks it works: _____

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