Your Asthma Visit Checklist

You and your healthcare provider are a team in managing your asthma. Planning for your provider visits can help you use your time to talk about what matters most to you. To assist you in preparing for your visit, fill out this questionnaire before your visit — check "Yes" or "No."





Medicine	Dose	How often
What medicines are you taking for a	sthma, and how often o	lo you take them?
	☐ Yes	☐ No
 Have your asthma medicines ca sore throat or upset stomach? 	used any problems like	shakiness,
\(\)	☐ Yes	☐ No
Do you take your rescue inhaler	medicine more than tw	o times a week?
Medicines		
 During or soon after exercise 	se?	☐ No
 At night, causing you to wa 	ke up?	□ No
– During the day?	Yes	No

☐ Yes

☐ No



- If yes, what things?

	Living with asthma • Have you missed work or school because of	of your asthma?		
(.51		Yes	☐ No	
	Have you gone to the emergency room or your asthma since your last provider's visit?		oital because of	
	– If yes, when and how often?	☐ Yes	☐ No	
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	Are you having any problems tracking your	r asthma sympto	ms daily?	
		Yes	☐ No	
	• Do you need a new or updated asthma act	tion plan?		
		Yes	☐ No	
	Are there things that you want to do but you	ou cannot do bed	cause of your asthm	a?
	– If yes, list them here:	Yes	☐ No	
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Talk w	vith your healthcare provider about any questions	you answered "\	/ES" to on this form.	
This m	naterial was adapted from GSK.			
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MeridianComplete is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-580-1689** (TTY: **711**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-580-1689** (TTY: **711**).

