Living with
Asthma
Better Health Guide

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By learning how to live with asthma, you’ll be on the right track to easier breathing. This begins with understanding how asthma affects you, what you can do to control it, and why daily treatment is important, even when you’re feeling fine.
Exercise or at night. At certain times – such as during exercise or at night. People with asthma may only have trouble breathing short of breath. Other people feel as if they are always short of breath. Normally most of the time, while others feel as if they are always short of breath. Other people may only have trouble breathing at certain times – such as during exercise or at night.

Asthma and asthma attacks
Asthma affects your breathing. During an asthma attack, the airways that carry air to the lungs (bronchial tubes) swell up (inflammation) and make mucus, which clogs the airways. The airway muscles also tighten. All of this can make breathing very difficult.

Breathing easy with asthma: putting yourself in control
For many people, asthma is a lifelong disease. However, it does not have to disrupt your life. You can manage your asthma and, in doing so, control your life. You just need a plan.

What is asthma?
Asthma affects your breathing. It causes inflammation and swelling in the airways that lead to the lungs. When this happens, the airways narrow, making it hard to breathe.

How often you have trouble breathing depends on the severity of your asthma and what triggers it. Some people breathe normally most of the time, while others feel as if they are always short of breath. Other people may only have trouble breathing at certain times – such as during exercise or at night.

What is an asthma attack?
When you have trouble breathing, you’re having an asthma attack. Your airways are very swollen, and it’s hard to get air through them. Think of trying to breathe air through a straw while it’s pinched.

You may rarely have asthma attacks, or you may have them often. They can be mild or severe. In severe attacks, your heart might beat faster, and it may be hard to breathe even if you are sitting down. It may even be hard to talk. If you have a very severe attack, you may need emergency care.

Between attacks, your breathing can seem completely normal. But even when you do not have symptoms, asthma may be hurting your lungs. If you do not control your asthma, it can lead to permanent changes in your airways and harm your lungs.

How do I manage my asthma?
Asthma is becoming common in the United States – about 20 million Americans have it. However, asthma does not necessarily get in the way of their school, work, or enjoyment of life. This is possible because they work with their doctors to set up a plan to manage their asthma.

1. Know your goals.
Work with your doctor to set realistic goals. For many people, the goal is to be symptom free. If you have severe asthma, your goal may be to limit your asthma attacks or take part in your favorite activities.

2. Understand your symptoms.
Know when your asthma is getting worse and what to do when you have an asthma attack. Keep track of your asthma zones and symptoms with an asthma diary.

3. Know your triggers.
Certain things, such as cigarette smoke or cold air, can cause an asthma attack. These are called triggers. When you know your triggers, you take a step in controlling your asthma.

5. Use your peak flow meter.
A peak flow meter lets you know how well your airways and lungs are “working” – how well you can breathe. Knowing this can help you predict asthma attacks and take action to treat them. It also helps your doctor find the right treatment for you.

6. Take your medicine.
You will use “controller” medicine to control asthma on a daily basis and prevent asthma attacks. You will also use “reliever” medicine for asthma attacks.

7. Develop and use asthma plans.
Set your goals, and work with your doctor to make asthma plans. A treatment plan helps you control your asthma on a daily basis. An action plan tells you what to do when you have an asthma attack.

When to get help
Call 911 or other emergency services immediately if you have severe asthma symptoms, such as:

• You have taken your reliever medicine and after 20 to 30 minutes you still don’t feel better.
• You measure your peak flow and it is less than 50% of your personal best.
• You are breathing very fast.
• Shortness of breath makes it hard for you to talk or eat.
• You are working hard to breathe using your neck, chest, and belly muscles. If you are doing this, the skin between your ribs falls inward with each breath. You may also open your nostrils wide when you breathe in.
• You are taking longer than usual to breathe out. You may even wheeze when you breathe in.
• You notice you are sitting up, leaning forward, or sitting with your nose tilted up as if sniffing the air to breathe.
• Your skin is pale, gray, bluish, cold, or spotted. You also may notice a color change on your tongue, lips, earlobes, or nail beds.

Experts do not really know why some people get asthma and others do not. It may run in your family. People with allergies seem to have more asthma. But exact causes are not known.
Can I exercise and play sports?
Asthma doesn’t mean you have to give up sports or being active. Keep the following in mind to help make your exercise session go smoothly:
- Ask your doctor if you should use reliever medicine right before you start any exercise.
- Warm up for 15 minutes before you exercise. Do some light stretching or jogging.
- Keep your reliever medicine with you.
- Breathe through your nose during exercise.
- Take brief rests during exercise, and use reliever medicine if symptoms start.
- If it is cold out, cover your mouth with a scarf or mask.
- Swimming, walking, easy biking, and downhill skiing are less likely to cause asthma attacks than many other sports.
- Sports that make you work harder are more likely to cause attacks. These include soccer, basketball, or long-distance running.
- Cool down after exercise.
- Don’t exercise while you have a cold or the flu, if it is very cold, or when pollen counts are high (if you have allergies).
- Don’t exercise if you have asthma symptoms.

What if I’m pregnant?
If you are pregnant and have asthma, there is no need to worry. It is a fairly common health problem for pregnant women, including some women who have never had asthma before. Pregnant women manage asthma the same way non-pregnant women do.
During pregnancy, asthma can affect how much oxygen your unborn baby gets from you. However, this does not mean that having asthma will make your pregnancy more difficult or dangerous for you or your baby. Just be sure you take your medicine and work with your doctor.
See your doctor regularly while you are pregnant, and ask about the best asthma treatment for you and your baby. Most asthma treatments are safe to use during pregnancy. It is far safer to manage your asthma with medicine than it is to leave asthma untreated during pregnancy.

Smoking and asthma
Combining asthma and smoking is a disaster in the making – you could easily end up in the emergency room.
If you smoke, your controller medicine may not work as well, and you may have to use more and more reliever medicine (see chapter 4 – Medicines.) This can also make your asthma even worse.
Giving up smoking is much harder than simply changing a habit. There is no one “quit plan” that works for everybody. You usually try different plans until something finally works for you. The important thing is to keep trying.
Talk to your doctor about tools to help you quit smoking. He or she may suggest nicotine patches, medicine, or ways to relieve stress.

You can help control asthma symptoms by knowing your asthma triggers. While you may not be able to remove all of your asthma triggers from your life, you can be more aware of what they are and avoid them in your daily activities.

Did you know? Jerome Bettis of the Pittsburgh Steelers, Olympic track star Jackie Joyner-Kersee, Olympic swimmer Amy van Dyken, and former basketball stars Isiah Thomas and Dominique Wilkins all have asthma.
### Know your symptoms

Asthma symptoms vary among people. You may rarely have them, or you may have them often. They can be mild or severe. Common asthma symptoms include:

**Wheezing** is a whistling noise when you breathe. It happens because your airways are narrow. It can be loud, or you may hardly be able to hear it.

**Coughing** usually does not bring up mucus, and it occurs mostly at night. It is the only symptom for some people.

**Shortness of breath** is rapid, shallow breathing or difficulty breathing.

**Chest tightness**

**Trouble sleeping**

**Tiring quickly during exercise**

### Know your triggers

Sometimes your symptoms just happen – you can’t really say what causes them. However, many people have asthma triggers – things that cause symptoms or make symptoms worse. Triggers include tobacco smoke, dust and dust mites, pollen, exercise, pets (animal dander), or having a cold, flu, or other upper respiratory infection.

If you know what your triggers are, you can avoid them or take medicine before you come in contact with them.

This may help you reduce the symptoms, limit how often you have attacks, and how severe they are. The fewer symptoms you have, the more you will be able to do, and the better you will feel.

### Avoiding asthma triggers

Below are some common triggers and what you can do to avoid them.

**Dust and dust mites (keeping your house clean)**

- Avoid carpet, upholstered furniture, and heavy drapes that collect dust. If you do not want to remove your carpeting, consider removing it only in the bedroom.
- Remove “dust collectors” from bedrooms, such as stuffed toys, wall hangings, books, knickknacks, and artificial flowers. Wash bedding, including pillowcases and mattress covers, in hot water (130°F or 54.4°C) every 2 weeks.
- Damp-mop hard floors (tile or hardwood, for example) once a day. Dust and vacuum once or twice a week, including cloth-covered furniture. Use a dry cloth to wipe hard surfaces such as countertops and tables. Wear a face mask while you do this.

**Pet dander**

- Keep your pet outside of the house or at least out of your bedroom.
- Keep your pet in areas of the home that have hard floors that are easier to clean than carpeted floors.
- Keep your pet away from your carpets or upholstered furniture.
- Wash rugs, pillows, or blankets that your pet spends time on.
- Wash or brush your pet once a week.
- If your asthma is severe, consider finding a new home for your pet.

### Pollen and mold

- Stay inside when pollen levels are high. Watch local weather reports for pollen counts in your area.
- Keep windows and doors closed. Use air conditioning to help keep pollen out of your house. Do not use a fan with an open window.
- Avoid going outside on rainy or windy days when mold spores may be in the air.
- Clean bathtubs, shower stalls, shower curtains, and windowsills at least once a month with disinfectant or liquid bleach.
- Remove carpeting from any concrete floors, especially in the basement.

### Pollution

- Do not go outside when pollution levels are high.
- Make sure any stove or heating device you use is well-vented.

### Cold and flu season

Colds and the flu trigger asthma attacks for many people. There are things you can do to prevent colds and the flu.

- Get a flu shot every year. Talk to your doctor about this in early fall when flu shots are typically available.
- Ask your doctor about a shot to prevent pneumonia.
- Wash your hands often.
- Use a tissue rather than a handkerchief to blow your nose.
- Keep your hands away from your nose, eyes, and mouth. Cold and flu germs are most likely to enter your body through these areas.
- Eat a healthy and balanced diet, and get regular exercise.
- Do not smoke. Smoking harms your nose and lungs and makes it harder to recover from a cold or the flu.

### Finding your asthma triggers

Asthma triggers cause asthma symptoms or make the symptoms worse. To identify your triggers, fill out the questions on the form below. Fill in the symptoms and your peak expiratory flow (PEF), if possible. Then discuss the list with your doctor.

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Yes</th>
<th>No</th>
<th>Symptoms</th>
<th>Peak Flow</th>
</tr>
</thead>
<tbody>
<tr>
<td>I smoke or am around people who smoke.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms when I am at home.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms when I am at work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part of my home or workplace is damp and musty.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a pet.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are cockroaches in my home.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms when it is cold out.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms when I go outside.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I work with chemicals or cleaners.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms when I have a cold or the flu.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have symptoms before, after, or during exercise.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certain foods or drinks cause symptoms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certain medicines, such as aspirin, cause symptoms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you feel you can control your attacks, you will feel more confident about what you can do. You will be open to returning to old activities or trying new ones.
What is peak flow?

Peak expiratory flow (PEF or peak flow) measures how fast you breathe out when you try your hardest. It tells you how well your airways and lungs are working. You measure peak flow with a peak flow meter, a simple device that you can use at home.

If you can breathe out quickly and with ease, you will have a higher number. This means you have a high peak flow rate. Your lungs and airways are working well, and your asthma may not be bothering you.

If you can only breathe out slowly and it is hard to do, you will have a lower number. This is called a low peak flow. This may mean that your lungs and airways are not working well, even if you don’t have any of your usual asthma symptoms.

What is personal best?

Your personal best is your highest peak flow. You find your personal best by taking peak flow readings over 2 to 3 weeks when your asthma is under control – when you feel good and have no symptoms. During these weeks, check and write down your peak flow at least twice a day. Personal best is never measured during an asthma episode.

You need to check your personal best every now and then to see if it has changed. If it goes down, you may need to change or increase your medicines to prevent your asthma from getting worse. If your personal best improves a lot, you may be able to reduce your medicine. Talk to your doctor if your personal best changes a lot in either direction.

Why are peak flow and personal best important?

Knowing your peak flow helps you tell if an asthma attack is going to occur. Your peak flow level may begin to drop before you get symptoms of an asthma attack. If you know you are going to have an attack, you can take medicine to prevent it or make it less severe. This may help you avoid having to go to the emergency room. Identify things that may trigger an asthma attack, such as pollen, cigarette smoke, or dust mites.

You may find that your peak flow drops after you have been around one of your triggers or that it improves if you avoid the trigger.

Check changes in your breathing.

Your peak flow readings can help your doctor decide if you need to change your daily controller medicine. It also helps your doctor know which medicines help your breathing and which do not.

How often should I check my peak flow?

Make checking your peak flow part of your daily routine. Check it when you wake up and before you take any medicine. Write down this number in your asthma diary. Also check your peak flow when you have symptoms and during an asthma attack. This tells you how severe the attack is. Check it again after you have taken your reliever medicine to find out how well the medicine worked.

Your doctor can help you decide how often to check your peak flow.

Peak flow tells you how well your lungs are working. Knowing your peak flow makes you more aware if an asthma attack is going to occur.

Your peak flow level may begin to drop before you get symptoms of an asthma attack. If you know you are going to have an attack, you can take medicine to prevent it or make it less severe. This may help you avoid having to go to the emergency room.
Using a peak flow meter
1. Put the pointer on the peak flow meter to 0 or the lowest number on the meter.
2. While standing, take a deep breath.
3. Put the peak flow meter mouthpiece in your mouth and close your lips tightly around it. Do not put your tongue inside the mouthpiece.
4. Breathe out as hard and as fast as you can for 1 or 2 seconds. A hard and fast breath usually produces a “huff” sound.
5. Check the number on the gauge and write it down.
Repeat steps 1 through 5 two more times. After you have blown into the meter three times, take the highest number you received and write it in your asthma diary or on another record sheet.
If you cough or make a mistake during the testing, do the test over.
Different brands of meters may give different values for results. If you change meters, you will need to find your asthma zones using the new meter.

What are asthma zones?
You use your peak flow to set up your asthma zones. Your asthma zones are an easy way to keep you a step ahead of your asthma. Which zone you are in will determine the medicine you need to use and whether you need emergency help. This knowledge will build your confidence and give you greater control over your asthma.

Finding your asthma zones
Asthma zones are an easy way to see how well you are breathing. You find your asthma zones by using your personal best.
• Take your peak flow as soon as you get up in the morning and again in the afternoon.
• Measure your peak flow at these times for the next 2 to 3 weeks.
• Your personal best peak flow is the highest number you write down in this period of time.

If your best effort is in your red zone, take your reliever medicine right away, and call your doctor or go to the emergency room.

Peak flow meters
Peak flow meters come in many shapes and sizes.

Asthma zones are easy to remember – just think of a stoplight.

<table>
<thead>
<tr>
<th>Your zone is</th>
<th>If your peak flow is</th>
<th>Symptoms</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red DANGER!</td>
<td>Less than 50% of personal best</td>
<td>Your symptoms are probably bad. It may be very hard to breathe. Wait until your PEF gets better before you try any activities.</td>
<td>Get help right away. Take your reliever medicine. Follow your action plan.</td>
</tr>
<tr>
<td>Yellow SLOW</td>
<td>50% to 79% of personal best</td>
<td>You may be coughing or wheezing. Your usual symptoms may be worse. You may not be able to do your usual activities. You may be short of breath.</td>
<td>You may need some reliever medicine. Follow your action plan.</td>
</tr>
<tr>
<td>Green GO!</td>
<td>80% or more of personal best</td>
<td>You have no symptoms. You can do your usual activities.</td>
<td>Take your controller medicine.</td>
</tr>
</tbody>
</table>

You can use this chart to track your peak flow.

<table>
<thead>
<tr>
<th>Day</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Wednesday</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

With your personal best, you can find your asthma zones. Use the table below to figure your peak flow ranges for each zone.

<table>
<thead>
<tr>
<th>Zone</th>
<th>Personal best</th>
<th>Multiply by</th>
<th>Zone range</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example) Green</td>
<td>400</td>
<td>0.8 (400 x .80 = 320)</td>
<td>320 and more</td>
</tr>
<tr>
<td>Red</td>
<td></td>
<td>0.5</td>
<td>Less than _____</td>
</tr>
<tr>
<td>Yellow</td>
<td></td>
<td>0.5 and 0.8</td>
<td>_____ to _____</td>
</tr>
<tr>
<td>Green</td>
<td></td>
<td>0.8</td>
<td>_____ and more</td>
</tr>
</tbody>
</table>
Asthma medicine helps prevent your symptoms making it possible for you to do the activities you want to do. You will have two types of asthma medicines – controllers and relievers.

Understanding your asthma medicine
Asthma medicine helps prevent your symptoms and makes it possible for you to do the activities you want to do. You will have two types of asthma medicine – controllers and relievers.

Use controllers every day.
These prevent lung damage, asthma symptoms and attacks, and keep airways open. You should not use controllers to relieve sudden asthma symptoms. Always have a 30-day supply of controller medicine available.

Use relievers according to your action plan when you have an asthma attack.
They work on your symptoms to quickly open closed airways. Always have a 30-day supply of reliever medicine. Make sure you always have some reliever medicine with you.

What is an inhaler?
Controller and reliever asthma medicine usually comes as an inhaler – a device that lets you breathe in the medicine through your mouth. Inhalers deliver the medicine right to your airways and lungs.

Most people use a metered dose inhaler (MDI).
It is a small canister that delivers a set amount of medicine in an aerosol form. When you push the inhaler, you must breathe in a puff of medicine.

Using a metered dose inhaler with a spacer
1. Shake the inhaler, remove the inhaler cap, and place the mouthpiece of the inhaler into the spacer.
2. Remove the cap from the spacer.
3. Hold the inhaler up with the mouthpiece at the bottom.
4. Tilt your head back slightly, and breathe out slowly and completely.
5. Place the spacer’s mouthpiece in your mouth.
6. Press down on the inhaler to spray one puff of medicine into the spacer.
7. Slowly take a deep breath.
8. Hold your breath for 10 seconds by counting slowly – one thousand one, one thousand two, and so on. If you need to take a second dose, wait 30 seconds to allow the inhaler to refill.

Make sure you have a 30-day supply of both your reliever and controller medicines!

Metered Dose Inhaler and Spacer
This is one example of a metered-dose inhaler and spacer. There are other types.
A dry powder inhaler contains medicine in a powder form. You breathe in quickly and deeply to get the medicine. How well the dry powder inhaler works may depend on how well you breathe in. How to use a dry powder inhaler depends on the medicine. Read your instructions carefully.

Some people with asthma need a nebulizer. This device delivers liquid medicine in the form of a fine mist (aerosol) or powder. You breathe in the medicine through a mouthpiece or face mask.

What is a spacer? Most doctors suggest that everyone who uses an inhaler also use a spacer, which is attached to the inhaler. A spacer lets you first spray the medicine into a tube, and then breathe in. This makes it easier to use and more likely that you’re getting all of the medicine.

Because you can’t see the medicine in the canister, it is important to keep track of how many puffs you take. This way, you will know when your inhaler is empty. The inhaler package will tell you how many puffs are in the inhaler. Get a new canister long before you reach this amount.

**Overuse of reliever medicine**
Since reliever medicine quickly reduces symptoms, people sometimes use it too much. However, this can cause problems. Using too much can make your asthma worse or cause your heart to beat fast or in an odd rhythm. Overusing it can also make your medicine not work as well as it should.

Talk to your doctor if:
- You are using reliever medicine more than 2 times a week.
- You are using more than one canister every 3 months.

This does not include using reliever medicine before exercise. Talk to your doctor about using relievers before exercise.

**Asthma medicines**
It is important to understand how asthma medicines differ, how you take them, and their side effects. The table on the opposite page briefly describes some commonly used asthma medicines. Talk to your doctor to get information on all medicines available.

**Using too much reliever medicine can make your asthma worse or cause your heart to beat fast or in an odd rhythm. Overusing it can also keep your medicine from working as well as it should.**
There is a lot to know and do when you have asthma. You need to keep track of your peak flow, medicines, asthma plans, and triggers. It’s easy to let some of this slide. Asthma plans help you understand when and how to treat asthma.

**Overcoming barriers**

There is a lot to know and do when you have asthma. You need to keep track of your peak flow, medicines, asthma plans, and triggers. It is easy to let some of this slide.

To avoid this, write down what you are not doing, and then think about ways to improve. For example, if you are not using your peak flow meter, it might be because it is not in a convenient place. A solution would be to put it next to your alarm clock, the coffee pot, or the kitchen table – someplace where you will see it and use it.

Following are some common barriers and solutions. Read through them, and then write down your barriers. See if you can find some solutions to them. Use another piece of paper if you need to.

**Barrier:**

I don’t measure my peak flow.

**Possible solution:**

Put the meter in a place where you will see it first thing in the morning.

**Barrier:**

I run out of medicine.

**Possible solution:**

Talk with your doctor or pharmacist about how long your medicine lasts, and use a calendar or day planner to remind yourself to get new medicine.

**Barrier:**

I can’t afford asthma medicines or treatment.

**Possible solution:**

Contact social services or religious groups about possible help.

Get in touch with Medicaid, a government program that may be able to help you afford medicine and treatment.

Talk to your doctor. He or she may have free samples.

**Barrier:**

I take many medicines, and I’m not sure what to take, or when to take it.

**Possible solution:**

Use color-coding or “personalize” your medicine in a way that will help you take the right medicine at the right time.

**Barrier:**

I just forget.

**Possible solution:**

Put a note in the bathroom or on the refrigerator. Make it a habit to take your medicine at the same time as one of your daily activities, such as when you eat or brush your teeth.

An asthma diary is a good idea. It gives you a place to list your symptoms, your medicine, and your asthma zones. Talk to your doctor about how to do this.
How do I work with my doctor?
See your doctor for regular checkups. You and your doctor will decide how often you do this. To make the best use of your visit, be prepared. If you are using an asthma diary, bring it in. Also bring in a list of all of the medicines, vitamins, and herbs you are taking, and review them with your doctor. Ask your doctor about your treatment and action plans and the medicines you are taking. Your doctor will want to know how often you have asthma symptoms and how severe they are.

To prepare for your asthma checkup, read the following questions
Are you confident that you understand all you can about asthma and your treatment? If you don’t understand something, ask your doctor.

How well do you understand asthma?
Do you have any questions about what it does to your lungs? Are there any new treatments or medicines available?

Do you understand your treatment and action plans?
Do you feel they need updating?

Do you understand your medicines?
Do you know which ones you need? Do they give you side effects? Do you understand how to use controller and reliever medicine? Do you know how to use a metered-dose inhaler?

Ask your doctor about your treatment and action plans and the medicines you are taking. Your doctor will want to know how often you have asthma symptoms and how severe they are.

Do you know your peak flow.
Is your personal best accurate? Do you need to change how often you measure your peak flow? Are your asthma zones accurate? Do you know how to use a peak flow meter?

Are you keeping an accurate asthma diary?
Are you filling it out correctly? Do you need to give your doctor any other information?

Your doctor will also want some information from you
Be prepared to answer the following questions:
• How many days did you have symptoms in the last week?
• How many nights in the last month did your asthma symptoms wake you or make it hard to sleep?
• What have your peak flow readings been?
• How many asthma attacks have you had since your last visit? How severe were the symptoms? Did you have to get emergency help?
• How often are you using your relievers? How long does a canister of reliever medicine last?
• Is asthma causing any problems at work, school, or in other areas of your life?

Bring your list of questions, your medicines, and your action and treatment plans to your doctor’s appointment. You may also want to bring a friend or family member to help with questions and take notes on what your doctor says.

Write down any other questions you may have:

Your asthma plans
An important part of managing your asthma is to develop a daily treatment plan and an asthma action plan. Your asthma action plan helps you act quickly during an asthma attack. You create both of these with your doctor.

Daily treatment plan.
A daily treatment plan includes your personal goals and the medicines you use every day.

Asthma action plan.
An asthma action plan helps you manage asthma attacks. This helps you make quick decisions during an attack. The action plan is based on your green, yellow, and red asthma zones.

Your doctor will help you fill out your asthma action plan. He or she may ask you to add information to it.

Your asthma worksheets
The following worksheets can help you get and keep control of your asthma. Discuss them with your doctor. You may want to make copies of some of them so that you can use them again.

An asthma action plan helps you manage asthma attacks. This helps you make quick decisions during an attack. Work with your doctor to complete the asthma plans on the following pages.
My asthma goals are:

1. 
2. 
3. 

<table>
<thead>
<tr>
<th>MEDICINE NAME</th>
<th>WHEN TO USE</th>
<th>HOW MUCH TO USE</th>
<th>MOST YOU CAN USE IN A DAY</th>
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<tr>
<td>Controllers</td>
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<td>Relievers (for attacks only)</td>
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<tr>
<td>Other Medicines</td>
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</table>

Red zone means DANGER! Seek immediate medical help.
My red zone is __________. This is less than 50% of my personal best.

Symptoms:
My symptoms are very bad. I have severe shortness of breath. It is difficult to talk.

Actions:
- Take _____ puffs of my reliever medicine called _____________________.
  Repeat _____ times.
- Begin or increase treatment with oral steroids. Take _____ mg now.
- Call my doctor at _____________________________.
- If I cannot contact my doctor, I need to go directly to the emergency room.
  The emergency room phone number is _____________________________.
- Other numbers I might call are ________________________________
  ____________________________________________________________________

Yellow zone means CAUTION! You need to act.
My yellow zone is __________. This is 50%-79% of my personal best.

Symptoms:
I have increased symptoms, such as coughing, wheezing, or chest tightness. My symptoms may wake me at night. I may need more reliever medicine before my symptoms improve.

Actions:
- Take _____ puffs of my reliever medicine called _____________________.
  Repeat _____ times.
- Take _____ puffs of my medicine called _________________________________.
  Take it _____ times a day.
- Begin or increase treatment with oral steroids:
  Take _____ mg of _______________________ every___________________.
- Call my doctor at ____________________________ if my symptoms don’t get better.

Green zone means GO! You want to be in the green zone.
My green zone is __________. This is 80% or more of my personal best.

Symptoms:
I have no symptoms. My breathing is good with no cough, wheezing, or chest tightness during work, school, exercise, or play. I can do my usual activities.

Actions:
- I will continue with the controller medicines listed in my daily plan.