



# onasma

Material intended for patients with severe asthma  
to prepare the remote appointment

Document for patients attending a remote consultation  
for the follow-up and control of severe asthma  
(by telephone or remote consultation).

**IMPORTANT**

Please complete this document the day before  
the remote consultation for discussion with the  
healthcare professional during it



# THE REMOTE CONSULTATION

- » Attend the remote consultation on the day and at the time agreed to.
- » Allow at least 30 minutes for the consultation with your doctor (just like a face-to-face appointment, delays may occur).
- » Find a quiet place and avoid interruptions during the consultation.



- » Have the telephone, or computer provided by your centre/hospital on hand ready for the consultation.
- » Prepare in advance to make sure that the consultation goes off smoothly.
  - Remember to check that your device is charged and that you have good reception and/or a suitable Internet connection.

- » In video-consultations, it is important that:
  - You have the link handy and that you log on in advance.
  - You check beforehand that the camera and microphone are working properly.

## CONTACT INFORMATION

- » If you are unable to attend the scheduled appointment, contact your centre to cancel or reschedule it.



**! IMPORTANT**

During the remote consultation, have ALL the medication that you take handy.

## PATIENT DATA RECORD

### To be completed the day before the appointment

« Please write down the name, dose and frequency of administration of ALL the treatments that you are currently taking to control your asthma (inhaled/oral/injected).

### Since your last check-up appointment

« Please circle the corresponding response and enter the information requested

Has there been any change in the asthma treatment prescribed by your doctor?	YES	→ Please write down the type of change (switch from one medication to another, dose increase or reduction, withdrawal, etc.)
	NO	
In the course of the last week, did you forget to take your treatment at any time?	YES	→ Please write down the treatment you forgot and for how long.
	NO	
Did you have any asthma crisis that you managed to control at home with the rescue medication?	YES	→ Please write down how many crises you had (dates) and how you managed them.
	NO	
Did you have to go to the ER* because your asthma got worse?	YES	→ Please write down how many times you had to go to the ER* (dates), how you controlled the crisis and what medication you were given in the hospital.
	NO	
Did you have to use oral or injected corticosteroids because your asthma got worse?	YES	→ Please write down the date, which one, how you took them (oral or injection), what dose and for how many days you took them.
	NO	
Did you have to take antibiotics because your asthma got worse?	YES	→ Please write down the date, the name of the antibiotic, what the dose was and for how many days you took it.
	NO	

**! NOTE**

Please have your peak flow meter handy during the remote consultation (in case you need to use it).

\*ER: emergency room.



## Childhood Asthma Control Test (cACT™) for children 4 to 11 years.

Let your child respond to the first four questions (1 to 4)

1. How is your asthma today?

	<b>0</b> Very bad		<b>1</b> Bad		<b>2</b> Good		<b>3</b> Very good	SCORE <input type="text"/>
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2. How much of a problem is your asthma when you run, exercise or play sports?

	<b>0</b> It's a big problem, I can't do what I want to do.		<b>1</b> It's a problem and I don't like it.		<b>2</b> It's a bit of a problem but it's okay.		<b>3</b> It's not a problem.	<input type="text"/>
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3. Does your asthma make you cough?

	<b>0</b> Yes, all the time.		<b>1</b> Yes, most of the time.		<b>2</b> Yes, sometimes.		<b>3</b> No, never	<input type="text"/>
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4. Does your asthma make you wake up during the night?

	<b>0</b> Yes, all the time.		<b>1</b> Yes, most of the time.		<b>2</b> Yes, sometimes.		<b>3</b> No, never	<input type="text"/>
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Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

<b>5</b> None	<b>4</b> 1 to 3 days	<b>3</b> 4 to 10 days	<b>2</b> 11 to 18 days	<b>1</b> 19 to 24 days	<b>0</b> Every day	<input type="text"/>
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6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

<b>5</b> None	<b>4</b> 1 to 3 days	<b>3</b> 4 to 10 days	<b>2</b> 11 to 18 days	<b>1</b> 19 to 24 days	<b>0</b> Every day	<input type="text"/>
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7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

<b>5</b> None	<b>4</b> 1 to 3 days	<b>3</b> 4 to 10 days	<b>2</b> 11 to 18 days	<b>1</b> 19 to 24 days	<b>0</b> Every day	<input type="text"/>
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**TOTAL:**

## Asthma Control Test™ (ACT) for people 12 yrs and older.

This questionnaire is designed to help you describe your asthma and how it influences how you feel and what you can do. To fill it out, please put an  in the box that best describes your answer.

### 1. During the last 4 weeks, how much of the time has your **asthma** kept you from getting as much done at work, school or home?

All of the time <input type="checkbox"/> 1	Most of the time <input type="checkbox"/> 2	Some of the time <input type="checkbox"/> 3	A little of the time <input type="checkbox"/> 4	None of the time <input type="checkbox"/> 5
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### 2. During the last 4 weeks, how often have you had shortness of breath?

More than once a day <input type="checkbox"/> 1	Once a day <input type="checkbox"/> 2	3 to 6 times a week <input type="checkbox"/> 3	Once or twice a week <input type="checkbox"/> 4	Not at all <input type="checkbox"/> 5
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### 3. During the last 4 weeks, how often have your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

4 or more nights a week <input type="checkbox"/> 1	2 to 3 nights a week <input type="checkbox"/> 2	Once a week <input type="checkbox"/> 3	Once or Twice <input type="checkbox"/> 4	Not at all <input type="checkbox"/> 5
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### 4. During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)?

3 or more times per day <input type="checkbox"/> 1	Once or twice per day <input type="checkbox"/> 2	2 or 3 times per week <input type="checkbox"/> 3	Once a week or less <input type="checkbox"/> 4	Not at all <input type="checkbox"/> 5
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### 5. How would you rate your **asthma** control during the last 4 weeks?

Not Controlled at all <input type="checkbox"/> 1	Poorly Controlled <input type="checkbox"/> 2	Somewhat Controlled <input type="checkbox"/> 3	Well Controlled <input type="checkbox"/> 4	Completely Controlled <input type="checkbox"/> 5
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### What other questions do you need to discuss at the consultation?

Remember to write down, in advance, any other questions you would like to discuss with your doctor or nurse in the course of the remote consultation.

# INFORMATION FOR BETTER ASTHMA CONTROL



Follow the treatment prescribed by the health team treating you strictly, even when you feel well.



Refrain from smoking (since this seriously affects the control of your disease).



Follow the healthy lifestyle indications given by your attending healthcare professional.



Make sure to avoid irritant substances, and if you are allergic, follow the prevention measures given to you for this purpose.



If your symptoms get worse, follow the indications given to you by your healthcare team.

Prepared in collaboration with:

