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

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THE REMOTE CONSULT@TION

- 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 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.

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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)

SCORE

1. How is your asthma today?

0 Very bad

1 Bad

2 Good

3 Very good

2. How much of a problem is your asthma when you run, exercise or play sports?

0 It's a big problem, I can't do what I want to do.

1 It's a problem and I don't like it.

2 It's a bit of a problem but it's okay.

3 It's not a problem.

3. Does your asthma make you cough?

0 Yes, all the time.

1 Yes, most of the time.

2 Yes, sometimes.

3 No, never

4. Does your asthma make you wake up during the night?

0 Yes, all the time.

1 Yes, most of the time.

2 Yes, sometimes.

3 No, never

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?

5	4	3	2	1	0
None	1 to 3 days	4 to 10 days	11 to 18 days	19 to 24 days	Every day

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5	4	3	2	1	0
None	1 to 3 days	4 to 10 days	11 to 18 days	19 to 24 days	Every day

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5	4	3	2	1	0
None	1 to 3 days	4 to 10 days	11 to 18 days	19 to 24 days	Every day

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	Most of the time	Some of the time	A little of the time	Nonde of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. During the last 4 weeks, how often have you had shortness of breath?

More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	2 to 3 nights a week	Once a week	Once or Twice	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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	Once or twice per day	2 or 3 times per week	Once a week or less	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. How would you rate your asthma control during the last 4 weeks?

Not Controlled at all	Poorly Controlled	Somewhat Controlled	Well Controlled	Completely Controlled
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

US English version modified for use in UK
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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:

GSK