**Preparing for care planning for people with asthma**

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| **Name:** | **Date of birth:** | **NHS no:** | **Date:** |
| This preparation document will help you think ahead and plan what you would like to discuss at your personalised care and support planning appointment. |
| **Please have this with you at your appointment**  |
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| **What would you like to talk about at your appointment?** |
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| **These are some things that people sometimes want to talk about. Circle any that are important to you.** |
| Flare ups MedicationMonitoring my healthHealthier eatingAppetiteWheezingBreathlessnessCoughingWork/benefits/money  | My moodSmoking/second hand smokeAlcoholSleepWeightPhysical activityStaminaMy homeFeeling anxious |
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| **The following websites and organisations provide information on living with and looking after asthma and giving up smoking:** * Asthma UK ([www.asthma.org.uk](http://www.asthma.org.uk))
* ‘mylungsmylife’ ([www.mylungsmylife.org](http://www.mylungsmylife.org))
* NHS stop smoking ([www.nhs.uk/livewell/smoking](http://www.nhs.uk/livewell/smoking))

The following link takes you to videos that demonstrate the best way to take your inhaler:<https://www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers> |

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| **How well is your asthma?** |
| **How many flare ups of your asthma have you had in the last year?** |  |
| **How many times have you been in hospital/A&E in the last year?**  |  |
| **How many times have you needed steroids in the last year**  |  |
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| **You will be asked some questions about how well your asthma has been over the last 4 weeks.** One of the most common questionnaires used is <https://www.asthmacontroltest.com/en-gb/quiz/adult-quiz/> This will include questions about:* How your asthma stops you from doing daily tasks?
* How often you are short of breath?
* If your asthma symptoms wake you up at night or early in the morning?
* How often you use your rescue medication?
* How you rate your asthma control?
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| **Smoking and second-hand smoke can be a trigger for an asthma flare up.**  | **Yes** | **No** | **Not****applicable** |
| Would you like help with stopping smoking? |  |  |  |
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| **On a scale of 1-10 (1 = low, 10 = high**), **how confident do you feel about...** | **Score** |
| 1. How and when to use your inhalers? (relievers and preventers)
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| 1. Recognising and managing triggers?
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| 1. Knowing what to do if you have an asthma attack?
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| **Tests (some or all may be discussed at your care planning appointment)** |
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| **Lung and breathing tests and checks** |
| **PEFR** Peak Expiratory Flow Rate - this test measures the maximum speed you can breathe out air. A low peak flow score can help you spot when your asthma is getting worse.  | **My normal peak flow** |
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| **General health and wellbeing issues** |
| **Weight (kg)** - being overweight can make your condition more difficult to control and can increase your risk of other health problems. Weight loss improves asthma control. Being underweight can also increase your risk of health problems. | **My weight** |
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| **BMI** Body Mass Index - uses your height and weight to work out if your weight is healthy. A BMI of between 20 to 25 is ideal. | **My BMI** |
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