

MEDICATIONS:	Dose	Strength	Usage	Start date	Stop date	Reason for non-compliance of meds.
Bronchodilators Albuterol —DPI Xopenex —MDI —Spacer —Nebulizer Other:	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Bronchodilators Serevent —DPI Salmeterol —MDI Foradil —Spacer	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Cromolyn/Intal/Tilade Nedocromil —DPI —MDI —Spacer —Nebulizer	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Inhaled Steroids ___ Flovent —DPI ___ Pulmicort —Spacer ___ Quvair —Nebulizer ___ Aerobid ___ Other	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Oral Steroids ___ Prednisone —pill ___ Predone —syrup	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Leukotriene antagonists ___ Singulair ___ Accolate —pill	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Combined Meds ___ Advair	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	___no symptoms ___forgot ___afraid of meds ___don't want to ___ran out/lost meds ___other
Other Medicines _____ _____ _____ _____	_____	_____	___ < once / w ___ 1-2x / w ___ 2-4x / w ___ everyday	___/___/___ ___/___/___ ___/___/___	___/___/___ ___/___/___ ___/___/___	