**Chilwell Valley and Meadows Practice**

ASTHMA REVIEW QUESTIONNAIRE

Thank you for taking the time to complete the following questions. This will help us identify who might need additional support with their asthma. You will be notified that we have reviewed your answers and what outcome might be needed a few weeks after you have submitted your form. For those who have no concerns, we will continue to review you annually, however some patients we might advise to book in with the asthma nurse or asthma pharmacist at the surgery for a review and ongoing support. If you would prefer to speak to us directly anyway about any concerns with your asthma please do not hesitate to book an appointment via reception.

Name:

Address:

Date of Birth:

Name of doctor or nurse who asked you to complete this form:

Please answer the following questions based on the **LAST 4 WEEKS**: (Please circle your response)

1. 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

None of the time

1. 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. 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. 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. 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. What is your latest Peak Flow reading (within the last month): ………………………
2. Do you have an asthma management plan: Yes / No
3. How many times have you needed steroid tablets in the past year for your asthma?

Number of times: ………

1. Smoking status: Never smoked / ex-smoker / Smoker

For those who would like support to help them stop smoking we have a free NHS service you can refer yourself to called Your Health Notts.

Call 0115 7722515 or complete an online form <https://yourhealthnotts.co.uk/stop-smoking/>

**PLEASE DROP THIS FORM INTO THE LETTERBOX AT THE SIDE OF THE SURGERY OR EMAIL IT TO US AT:** nnccg.cvamp@nhs.net

Thank you