Asthma Annual Review Questionnaire

Contact Details

Name:

Date of Birth:

Home Phone:

Mobile Phone:

Address:

Postcode

Email:

Questionnaire

1. When was your asthma diagnosed? Less than 5 years ago

2. In the last month, have you had any difficulty sleeping because of your asthma symptoms (including cough)? No

Details of sleeping difficulties:

3. In the last month, have you had your usual asthma symptoms during the day? (cough, wheeze, chest tightness or breathlessness)? No

Details of symptoms during the day:

4. In the last month has your asthma interfered with your usual activities (e.g. housework, work, school etc)?

Please choose an option:
- (•) No
- ( ) Yes

5. Have you ever had your peak flow measured at the surgery?

Please choose an option:
- (•) No
- ( ) Yes

If yes, do you know your best PEFR value ml/min

6. Are you happy with your inhaler technique?

Please choose an option

- (selected) No
- Yes

If you are not, did you know there is an online demonstration on the Asthma UK website or you could pop in and see our practice nurse for more advice.

7. Have you ever smoked?

Please choose an option
- (selected) No
- Yes

If 'Yes', please answer the following:

Do you smoke now?

Please choose an option
- (selected) No
- Yes

If 'Yes' how many do you smoke each day?

If 'No' when did you quit? If 'No' when did you quit?

There are plenty of options available to help you quit. Is this something you would like us to contact you about?

Please choose an option
- (selected) No
- Yes

Asthma Control Score

8. During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home? -- Please Select --

9. During the past 4 weeks, how often have you had shortness of breath? -- Please Select --

10. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning? -- Please Select --

11. During the past 4 weeks, how often have you used your reliever inhaler (usually blue)? -- Please Select --

12. How would you rate your asthma control during the past 4 weeks? -- Please Select --