

## Heathgate Medical Practice - Asthma review – questionnaire

**Patient name**

**Patient date of birth**

**Patient NHS number**

---

Please circle the box that most fits with your symptoms. Please complete ALL sections. There will be a space for comments at the end of the questionnaire.

Based on these 5 questions – if you score a total of 19 points or less – your asthma control could be improved. We will review your results when completing your asthma review and may be in contact with you further.

**1. In the past 4 weeks how much of the time did your asthma stop you from getting as much done at home, school or work?**

All of the time (1 point)	Most of the time (2 points)	Some of the time (3 points)	Occasionally (4 points)	Never (5 points)	
------------------------------	--------------------------------	--------------------------------	----------------------------	---------------------	--

**2. During the past 4 weeks how often have you felt short of breath?**

More than once a day (1 point)	Once a day (2 points)	3-6 times per week (3 points)	1-2 times per week (4 points)	Not at all (5 points)	
-----------------------------------	--------------------------	----------------------------------	----------------------------------	--------------------------	--

**3. During the past 4 weeks how often did your asthma symptoms wake you in the night or early in the morning?**

4 or more nights per week (1 point)	2-3 nights per week (2 points)	Once a week (3 points)	Once or twice in 4 weeks (4 points)	Not at all (5 points)	
--	-----------------------------------	---------------------------	--	--------------------------	--

**4. In the past 4 weeks how often have you used your reliever inhaler? (usually a blue salbutamol inhaler.)**

3 or more times per day (1 point)	1-2 times per day (2 points)	2-3 times per week (3 points)	Once a week or less (4 points)	Not at all (5 points)	
--------------------------------------	---------------------------------	----------------------------------	-----------------------------------	--------------------------	--

**5. How would you rate your asthma control in the past 4 weeks?**

Not at all controlled (1 point)	Poorly controlled (2 points)	Somewhat controlled (3 points)	Well controlled (4 points)	Completely controlled (5 points)	
------------------------------------	---------------------------------	-----------------------------------	-------------------------------	-------------------------------------	--

**The next page contains a few additional questions that will help us to assess your asthma. There are free text boxes for you to use to tell us additional information if needed.**

1. **What are the triggers for your asthma?** (For example pets, exercise, pollens, weather changes, exercise.)

Please provide some details

2. **In the last year have there been any times when your asthma flared, or become more difficult to control?**

Yes / no

If yes, please explain when, why and whether you needed to seek medical help (ie. From the surgery, the walk-in-centre or the hospital)

3. **Do you measure your peak flow rates regularly at home?**

Yes / no

If yes, please provide your usual reading

4. **Do you have any problems with your inhalers?**

Yes / no

If yes, please provide some details

5. **Please let us have your smoking status**

Never smoked

Ex-smoker

Current smoker

We would recommend that all smokers consider quitting. There are substantial health benefits, particularly for patients with respiratory conditions. If you would like help or advice with stopping smoking you can either contact Smoke Free Norfolk on 0800 0854 113 or visit the website [www.smokefreenorfolk.nhs.uk](http://www.smokefreenorfolk.nhs.uk)

**Date questionnaire completed and returned to Surgery**

<b>For Practice use only</b>	
Clinical review undertaken	Yes/No
Need to see a clinician	Yes/No
System1 updated - scan but no workflow	Yes/ No
Review date added	Yes/ No