

Asthma Annual Review Questionnaire

When you have been asked to by the Surgery, please complete this asthma questionnaire.

Once you have completed it, please send us the completed questionnaire by email to ourn.surgery@nhs.net using "Asthma annual review" as the subject title of the email, and including your full name and date of birth in the email.

If you have any problems completing this questionnaire, or any questions, please contact Reception.

All questions marked with a * should be answered. Please complete all of the sections.

This questionnaire is for a routine review of your symptoms. If you are experiencing sever shortness of breath at present, please follow your care plan (if you have one) or ring your GP or 999 immediately.

Asthma Review

1*. How often does your asthma cause symptoms during the day?

- Never
- 1 to 2 times per month
- 1 to 2 times per week
- Most days

2*. How often does your asthma cause symptoms at night?

- Never
- 1 to 2 times per month
- 1 to 2 times per week
- Most days

3*. How often does your asthma limit your activities?

- Never
- 1 to 2 times per month
- 1 to 2 times per week
- Most days

4. How many asthma exacerbations (attacks) have you had in the past year?

5. How many times have you attended an Accident and Emergency Department since your last asthma review?

Inhaler Technique:

It is essential to have a good inhaler technique to ensure that your medication gets to the part of your lungs that need it. Please watch the specific inhaler video below to check that you are using your inhalers correctly:

Asthma UK Inhaler Videos: <https://www.asthma.org.uk/advice/inhaler-videos/>

6. I have watched the above relevant inhaler technique videos and am happy with my inhaler technique.

Yes

No

Lifestyle – Alcohol

7. How often do you have a drink containing alcohol?

Never

Monthly or less

2-4 times a month

2-3 times a week

4 or more times a week

8. How many units of alcohol do you drink on a typical day drinking? Please see:

<https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator>

1-2

3-4

5-6

7-9

10+

9. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Lifestyle – Smoking

10. Do you smoke?

Never smoked

Ex-smoker

Trivial smoker (less than 1 cigarette per day)

Light smoker (1-9 cigarettes per day)

Moderate smoker (10-19 cigarettes per day)

Heavy smoker (20-39 cigarettes per day)

Very heavy smoker (40 or more cigarettes per day)

11. Do you use an e-cigarette?

No

Ex-user

Yes

12. If you smoker, would you like help to quit smoking? (For further information, please see www.nhs.uk/smokefree)

Yes

No

13. If you are, or are completing this form on behalf of, a child aged 5-19 years, have you been exposed to cigarette smoke at home within the past 12 months?

Yes

No

Further Questions

14. Do you have seasonal allergies to pollens and does this affect your asthma?

Yes

No

If yes, do you need help with this?

Yes

No

15. I have the following information, questions or concerns that I would like to raise with my Asthma Nurse or Doctor:

Please see the following links for further information on asthma that you may find useful:

NHS – <http://www.nhs.uk/conditions/asthma/Pages/Introduction.aspx>

Patient.Info – <http://patient.info/health/asthma-leaflet>

Asthma UK – <https://www.asthma.org.uk>

Asthma Control Test Score (for those aged 12 years or older)

The Asthma Control Test provides a score to help you and your nurse/GP determine if your asthma symptoms are well controlled.

1*. How often did your asthma prevent you from getting as much done at work/school/home?

- All of the time (1 point)
- Most of the time (2 points)
- Some of the time (3 points)
- A little of the time (4 points)
- None of the time (5 points)

2*. How often have you had shortness of breath?

- More than once a day (1 point)
- Once a day (2 points)
- 3-6 times a week (3 points)
- 1-2 times a week (4 points)
- None at all (5 points)

3*. How often did your asthma symptoms wake you up at night or early in the morning?

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

4*. How often have you used your reliever inhaler (usually blue)?

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

5*. How would you rate your asthma control?

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

Please add up your score from the five questions on this page.

If your score is 25 or more – Your asthma is well controlled

If your score is 20 to 24 – Your asthma is reasonably well controlled

If your score is 19 or less – Your asthma is not well controlled

Thank you for completing your asthma questionnaire. Please now email the completed questionnaire to ourn.surgery@nhs.net. Make sure to include your name and date of birth in the email.