

Bridge Cottage - Asthma Review

Patient	
Name: _____	NHS Number: _____
Address: _____ _____ _____	Date of Birth: _____
Telephone: _____	Mobile Tel.: _____
Done By	
Name: _____	Date: _____

Bridge Cottage - Asthma Review

Asthma Review

All questions marked with a * should be answered.

1. Asthma Review

Please only complete the following questionnaire if requested by your GP practice as part of your routine asthma review.

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

- 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 nights
- 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 Accident and Emergency Department for your asthma since your last review?
-
6. If you have a peak flow meter at home, what is your current peak flow reading? (L/min)
-
7. What typically triggers your asthma symptoms? Select all that apply
- Airborne dust

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- Animals
- Cold air
- Damp
- Dust mites
- Emotion
- Exercise
- Humidity
- Perfume
- Pollen
- A cold or chest infection
- Seasonal
- Warm air
- Wind
- Other
- Work related
- No trigger identified

2. Asthma Control Test Score

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

If you are 12 years or older, please complete the questions below.

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

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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

- More than once a day
- Once a day
- 3-6 times a week
- 1-2 times a week
- None at all

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

- 4 or more times a week
- 2-3 nights a week
- Once a week
- Once or twice
- Not at all

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

- 3 or more times a day
- 1-2 times a day
- 2-3 times a week
- Once a week or less
- Not at all

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5*. How would you rate your asthma control?

- Not controlled
- Poorly controlled
- Somewhat controlled
- Well controlled
- Completely controlled

Asthma Control Test Score - Please click 'Calculate Score' below to work out your score and what it means.

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

3. 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/>

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

- Yes
- No

4. Lifestyle - Alcohol

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

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 times or more a week

2. 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+

3. 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

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5. Lifestyle - Smoking

- 1. 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)

- 2. Do you use an e-cigarette?
 - No
 - Ex-User
 - Yes

- 3. If you smoke, would you like help to quit smoking? (For further information, please see: www.nhs.uk/smokefree - where you can self-refer to a local clinic)
 - Yes
 - No

- 4. How tall are you? (m)

- 5. How much do you weigh? (Kg)

- 6. If you have a blood pressure machine at home, what is your average systolic (top number) reading? (mmHg)

- 7. If you have a blood pressure machine at home, what is your average diastolic (bottom number) reading? (mmHg)

6. Further Questions

- 1. I have the following question that I would like to raise with my Asthma Nurse:

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>

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

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

When you are happy with all your above answers, please click 'Submit' below and the questionnaire will be automatically sent to your GP practice. Depending upon your answers and your other medical conditions, you will be contacted if you need to be seen in clinic for a further assessment. Should your symptoms change, please seek medical advice and book an appointment if required

