**Asthma Annual Review Questionnaire**

**CONTACT DETAILS**

|  |  |  |
| --- | --- | --- |
| Name: | Enter full Name and Surname here…... | |
| Date of Birth: | Click or tap to enter a date. | |
| Home Phone: |  | |
| Mobile Phone: |  | |
| Full Address: | Enter your full address here….. | |
| Postcode: | Enter your Post Code here…... | |
| Email: | Enter your eMail here…... | |
| **QUESTIONNAIRE** | | |
| **1.**When was your asthma diagnosed? | | |
| Choose an item. |  |  |
| **2.**In the last month, have you had any difficulty sleeping because of your asthma symptoms (including cough)? | | |
| Choose an item. |  |  |
| *Details of symptoms during the day:* | |  |
| Enter details here….. | | |
| **3.**In the last month, have you had your usual asthma symptoms during the day? (cough, wheeze, chest tightness or breathlessness)? | | |
| There are plenty of options available to help you quit. Is this something you would like us to contact you about? | | |
| Choose an item. |  |  |
| *Details of symptoms during the day:* | |  |
| Enter details here….. | | |
| **4.**How often do you use your blue inhaler? | | |
| Choose an item. |  |  |
| *Details of inhaler use:* |  |  |
| Enter details here….. | | |
| **5.**In the last month has your asthma interfered with your usual activities (e.g. housework, work, school etc)? | | |
| Choose an item. |  |  |
| **6.**Have you ever had your peak flow measured at the surgery? | |  |
| Choose an item. |  |  |
| *If yes, do you know your best PEFR value* | |  |
| ml/min |  |  |
| **7.**Are you happy with your inhaler technique? | |  |
| Choose an item. |  |  |
| *If you are not, did you know there is an online demonstration on*[*the Asthma UK website*](http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers)*or you could pop in and see our practice nurse for more advice.* | | |
| **8.**Have you ever smoked? | |  |
| Choose an item. |  |  |
| *If 'Yes', please answer the following:* | |  |
| Do you smoke now? |  |  |
| Choose an item. |  |  |
| If 'Yes' how many do you smoke each day? | |  |
|  |  |  |
| If 'No' when did you quit? | |  |
| Click or tap to enter a date. |  |  |