

## Chorleywood Health Centre Asthma Annual Review Questionnaire

<b>Name:</b>	<b>Address:</b>
<b>DOB:</b>	
<b>Home Phone:</b>	
<b>Mobile Phone:</b>	
<b>Postcode:</b>	
<b>Email:</b>	

**When was your asthma diagnosed?**

Less than 5 years ago      More than 5      More than 10

**Have you had difficulty sleeping because of your asthma symptoms, including cough?**

- ☐ Yes    If yes – how many times per week?  
☐ No

Details of your difficulties.....

.....

**In the last month have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?**

- ☐ No symptoms      ☐ 1-2 per month      ☐ 1-2 per week      ☐ Most Days

Details of symptoms during the day.....

.....

**Has your asthma interfered with your usual activities, eg housework, work, school?**

- ☐ Most Days      ☐ 1-2 Month      ☐ 1-2 Week      ☐ Not Limiting

Comment.....

.....

**How often do you use your blue inhaler?**

- ☐ I only use an inhaler when I get hayfever symptoms or a cold  
☐ I use my inhaler infrequently (1-2 per month)  
☐ I use my inhaler every week

- ☐ I use my inhaler every day  
☐ I use an inhaler for symptoms and also to prevent symptoms happening

Comment.....

.....

**Have you ever had your peak flow measured at the health centre?**

☐ Yes ☐ No

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

**Are you happy with your inhaler technique?**

☐ Yes ☐ No

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?

**Do you have an asthma care plan?**

☐ Yes ☐ No

If you do not, please contact the health centre for an appointment with the nurse.

**Smoking Status**

☐ Never Smoked ☐ Ex-Smoker ☐ Current Smoker

If you are a 'current smoker' how many do you smoke each day? .....

If you are an 'ex-smoker' when did you quit? .....

How many cigarettes did you smoke a day? .....

How many years did you smoke? .....

If you are smoker would you like to see our smoking cessation advisor for advice on stopping smoking and available drug therapy?

☐ Yes ☐ No

☐ I DO NOT want to attend an asthma review this year but I understand that if the doctor needs to review any of the answers I have given here that I may be asked to make an appointment. I understand that if I have a repeat medication I may have to have an appointment to have this reviewed this year.

Signed ..... Date .....

**Please send to: Chorleywood Health Centre, 15 Lower Road, Chorleywood, Hertfordshire, WD3 5EA**