

**Patient asthma review**



Please use the form below if your asthma is stable and controlled. If this is not the case, then please book an asthma consultation with one of our respiratory nurses to review the management of your asthma and medication.

Please answer ALL the questions on the form and email it to us at [reception.harbourside@nhs.net](mailto:reception.harbourside@nhs.net) or hand it to a member of our reception team.

If your symptoms are deteriorating or you have any concerns, please make an appointment with the respiratory nurse or a doctor.

It is really important to have good oral hygiene with inhaler use. If you are not sure about this, please ask.

**If you are using your blue or reliever inhaler more than THREE times a week on a regular basis, please book a review.**

**Note:** By using this form you will be sending information about yourself across the Internet. We use a secure email service. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantee of absolute privacy. If this matter concerns you then please print off the form, complete it and return to the surgery.

**Personal Information:** Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.

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| **ASTHMA ANNUAL REVIEW QUESTIONNAIRE**All questions contained in this questionnaire are strictly confidential  and will become part of your medical record. | | | | | | | | | | | | |
| Name |  | | |  | Date of birth: | | | | | | | |
| **Home Phone:** | | |  | | **Mobile phone:** | | | | | | | |
| Email address: | | | | | | | | | | | | |
| Address: | |  | | | Postcode: | | |  | | | | |
|  | | | | | | | | | | | | |
| Please complete with as much detail as possible | | | | | | | | | | | | |
| When was your asthma diagnosed? | | | | | Less than 5 years ago | | | | | | | |
| More than 5 years ago | | | | | | | |
| More than 10 years ago  Please provide a date, if known: | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **During the last four weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?** | | | | | All the time | | | | | | | |
| Most of the time | | | | | | | |
| Some of the time | | | | | | | |
|  | | | | | A little of the time  None of the time | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **In the last four weeks how often have you had shortness of breath?** | | | | | More than once a day | | | | | | | |
| Once a day | | | | | | | |
| 3 to 6 times a week  Once or twice a week  Not at all | | | | | | | |
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| 1. **In the last four weeks how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?** | | | | | 4 or more nights a week | | | | | | | |
| 2 to 3 nights a week  Once a week  Once or twice  Not at all | | | | | | | |
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| 1. **During the last four weeks how often have your used your rescue inhaler or nebuliser medication (such as Salbutamol)?** | | | | | 3 or more times per day | | | | | | | | |
| Once or twice per day | | | | | | | | |
| 2 or 3 times per week | | | | | | | | |
| Once a week or less | | | | | | | | |
| Not at all | | | | | | | | |
| Details of inhaler use (please inform us of any concerns regarding your blue or reliever inhaler use):   1. **How would you rate your asthma control during the last four weeks?**  |  | | --- | | Not controlled at all | | Poorly controlled | | Somewhat controlled  Well controlled  Completely controlled | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. **Do you take your inhaler as prescribed?** | | | | |  | | Yes  No | | | | | | | |
| For advice on how to use your inhaler please visit the Asthma UK website. Go to: <https://www.asthma.org.uk/advice/inhaler-videos/>  Alternatively ask at your pharmacy or make an appointment with one of our respiratory nurses. Correct inhaler technique is very important in the management of your asthma. | | | | | | | | | | | | | |
| 1. **Have you had any asthma exacerbations in the last 12 months?** | | | | |  | | | | | | | | |
| No  Yes. If yes, how many? …… | | | | | | | | |
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| 1. **Have you attended A&E with asthma in the last 12 months?** | | | | | No  Yes | | | | | | | | |
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| If you know it, please give us your best peak flow reading from home. | | | | | My best peak flow reading is: | | | | | | | | |
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| 1. **Have you had your annual seasonal flu jab?** | | | | | No | | | | | Yes | | | |
| If no, please contact the surgery to book an appointment. Flu vaccinations are available annually, between September & March.  I decline a flu vaccination | | | | | | | | | | | | | |
| 1. **Do you have a written asthma action plan? Yes ……. No ………..** | | | | | | | | | | | | | |
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| Smoking status, including exposure to smoke, or passive smoking. | | | No, I do not smoke | | | Yes, I currently smoke | | | | | | | |
| If yes, how many do you smoke each day? ……… | | | | | | | | | | |
| **Thank you.** | | | Are you an ex-smoker? | | No | | | | Yes | | | | |
| If yes, when did you quit? ……….. | | | | | | | | | | |
| * I have never smoked | | | | | | | | | | |
| **Exposure to smoke/passive smoking**   * I am currently exposed to smoke * I have been exposed to smoke in the past * I am not exposed to smoke   **Support to stop smoking**  There are plenty of options available to help you quit. Is this something you would like us to contact you about?   * Yes * No | | | | | | | |  |  | |