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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. Date:       /       / | | | | | | |
| \*Name (Last, First,): |  | | | M  F | \*DOB: | |
|  | | | | | | |
| 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. **In the last month, have you had any difficulty sleeping because of your asthma symptoms (including cough)?** | | No | | | | |
|  | | Yes, every day | | | | |
|  | | Yes, 1-2 times each week | | | | |
|  | | Yes, 1-2 times each month | | | | |
|  | | Yes, 1-2 times each year | | | | |
|  | | Yes, see below for details | | | | |
| Details of sleeping difficulties: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 1. **In the last month, have you had any of your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?** | | | | | No | |
|  | | | | | Yes, everyday | |
|  | | | | | Yes, 1-2 times each week | |
|  | | | | | Yes, 1-2 times each month | |
|  | | | | | Yes, 1-2 times each year | |
|  | | | | | Yes, see below for details | |
| Please give details of your daytime asthma symptoms:  If known list any allergies you know which can trigger your asthma symptoms: | | | | | | |
|  | | | | | | |
| 1. **In the last month has your asthma interfered with your usual activities (e.g. housework, work, school etc)?** | | | | | No | |
|  | | | | | Yes | |
| If Yes, please give details: | | | | | | |
|  | | | | | | |
|  | | | | | | | |
| 1. **How often do you use your Reliever inhaler (Salbutamol/Ventolin)?**   ***If you are using your blue inhaler (or an alternative inhaler prescribed) more than 3 times a week on a regular basis, you will need a “face to face” review*** | | | | | | Daily | |
|  | | | | | | Weekly | |
|  | | | | | | Monthly | |
|  | | | | | | Annually | |
|  | | | | | | Other, see below for details | |
| Details of inhaler use (please inform us of any concerns regarding your blue inhaler use): | | | | | | | |

Please return this to Oakleigh Road Clinic (or email back to [oakleigh.reception@nhs.net](mailto:oakleigh.reception@nhs.net))

Alternatively bring this completed form with you to your asthma review