

# SETT VALLEY MEDICAL CENTRE

## ASTHMA QUESTIONNAIRE

Please complete this questionnaire to update your Doctor on the status of your asthma.

If you need urgent medical advice please contact the surgery and do not complete this questionnaire.

If your Doctor wishes to speak to you about your asthma the practice will contact you.

Name:

Date of Birth:

Address:

Up to date Contact number:

1) In the last month have you had difficulty sleeping due to your asthma (including cough symptoms)?

No never disturbs sleep

Yes every day

Yes 1-2 times each week

Yes 1-2 times each month.

2) In the last month have you had your usual asthma symptoms (eg, cough, wheeze, chest tightness, shortness of breath) during the day?

No

1-2 times per week

1-2 times per month/most days

3) In the last month has your asthma interfered with your usual daily activities (eg, school, work, housework)?

No

Sometimes

4) Are you currently using your Blue inhaler eg: ventolin ?

No

Yes every day

1-2 times per week

1-2 times per month

1-2 times per year

5) Your best Peak Flow reading if known:

6) Do you smoke?

Yes

Never smoked

Ex-smoker

If Yes - How many cigarettes/cigars/Oz of tobacco do you smoke daily?

Date stopped smoking:

If you are thinking about stopping smoking and want some help, please ring the North Derbyshire Stop Smoking Service on 0800 085 2299.

Please book an appointment to see the Asthma Nurse or a GP if you have any concerns about your Asthma.

Correct inhaler technique is vital for people with asthma. Asthma UK have produced videos for patients to help them with correct inhaler technique and can be found using the website below.

<https://www.asthma.org.uk/inhalervideos>

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