St. Leonard's Practice
Improving Health in Exeter

Please fill out the following asthma review questionnaire and email it to the Practice. Our email address is D-CCG.Stleonardspractice@nhs.net. If you are unable to send us this form via email, please drop it off to the practice or post it. Alternatively, please book a telephone asthma review with one of our nurses (by calling 01392 201791) and have the answers ready when she calls.

Name:	
Date of birth:	
Please provide your height:	
Please provide your weight:	
During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home? (please select one answer)	☐All the time ☐Most of the time ☐Some of the time ☐A little of the time ☐None of the time
During the last 4 weeks, how often have you had shortness of breath? (please select one answer)	☐More than once a day ☐Once a day ☐3-6 times a week ☐Once or twice a week ☐Not at all
During the last 4 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? (please select one answer)	☐4 or more nights a week ☐2-3 nights a week ☐Once a week ☐Once or twice ☐Not at all
During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)? (please select one answer)	☐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
How would you rate your asthma control during the last 4 weeks? (please select one answer)	☐Not controlled at all ☐Poorly controlled ☐Somewhat controlled ☐Well Controlled ☐Completely Controlled

Have you had any flare-ups of your asthma in the last 12 months? If so, how many? Did you need oral steroids?	
Have you ever been admitted to an Intensive Care Unit (ICU) because of your asthma?	
Do you take asthma inhaler(s) every day? If so, which one(s)? How many puffs of your preventor (brown) inhaler do you take morning and evening?	
Do you have a spacer device?	
Do you have a nebuliser at home?	
Do you have a peak flow meter? Please tell us your last peak flow reading.	
Do you have any allergies? If so, please list	
Does anything trigger your asthma? If so, please list	
Do you have a written Personal Asthma Action Plan? If you don't have a written Asthma Action Plan would you like one?	
Are you taking any drugs or medicines that your practice doesn't know about? If so, please list	
Is there anything you would like to tell us that we have not asked?	
What is your smoking status	☐Never smoked ☐Smoker ☐Ex-smoker ☐Passive smoker