**Manor House Surgery, Belton**

**Asthma Questionnaire**

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| Name: Click here to enter text. | | Date of Birth: Click here to enter text. |
| Address: Click here to enter text. | | Telephone Number: Click here to enter text.  Email address: Click here to enter text. |
| Please confirm that you are Asthmatic: | | Yes  No |
| Height: Click here to enter text. | | Weight: Click here to enter text. |
| Do you smoke?  Yes  Ex Smoker  Never smoked | | If yes, how many per day  Click here to enter text. |
| If you are presently a smoker, would you like help to stop smoking? | | Yes  – please ring **Quit Ready 0345 646 6666**  No |
| Do you have a Peak Flow Meter Yes  No  What is the type of your peak flow meter? Click here to enter text.  What is your BEST peak flow meter reading Click here to enter text. l/min (best of 3)  *We recommend that all asthmatics have their own peak flow meter so that you can monitor your asthma at home. If you don’t have one, please contact the surgery to arrange for a prescription to be issued for you.* | | |
| Please list below the inhalers you regularly use and when you use them:  Click here to enter text. | | |
| In the last month/week have you had difficulty sleeping due to your asthma, including cough symptoms? | | Yes  No |
| Have you had your usual asthma symptoms e.g. cough, wheeze, chest tightness, shortness of breath, during the day? | | Yes  No |
| Has you asthma interfered with your usual daily activities e.g. school, work, housework? | | Yes  No |
| *If you answered Yes to any of the above three questions, then your asthma may not be adequately controlled. Please make an appointment to see our Respiratory Nurse to help improve your asthma care.* | | |
| How often do you get daytime symptoms with your asthma? | | Never  Once or twice a month  Once or twice a week  Most days  Only during hay fever season |
| *If you have answered “most days” or “once or twice a week”, then your asthma may not be adequately controlled. Please make an appointment to see our Respiratory Nurse to help improve your asthma care.* | | |
| Signed Click here to enter text. | Date Click here to enter text. | |
| Please email back to: [beltonsurgery@nhs.net](mailto:beltonsurgery@nhs.net) or post to Manor House Surgery, 1 Mill Lane, Belton, LE12 9UJ | | |

Asthma questionnaire/May 2020