

Asthma Questionnaire

Full Name: _____

Date Of Birth: _____

Address: _____

Questions:

1. During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

2. During the past 4 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

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake 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

4. During the past 4 weeks, how often have you used your reliever inhaler (usually the blue inhaler) or nebuliser medication?

- 3 or more times per day
- 1 or 2 times per day
- 2 or 3 times per week
- Once a week or less
- Not at all

5. How would you rate your asthma control during the past 4 weeks?

- Not controlled at all
- Poorly controlled
- Somewhat controlled
- Well controlled
- Completely controlled

6. How many asthma exacerbations have you had in the past 12 months?

An exacerbation is where your symptoms got worse, your reliever did not help and you needed to seek medical attention (for more information see [here](#))

7. Do you have any further information about your asthma that you feel is relevant to this review?

Please note that your answers will not be seen immediately and you should direct any urgent queries to your GP surgery

8. What is your smoking status?

- Current smoker
- Ex-smoker
- Never smoked

9. How much do you smoke? (if answered Current smoker to the previous question)

- <1 cigarette per day or equivalent
- 1-9 cigarettes per day or equivalent
- 10-19 cigarettes per day or equivalent
- 20-30 cigarettes per day or equivalent
- 40+ cigarettes per day or equivalent

10. Does anyone else in your household smoke? (if the patient is 19 years old or younger)

- Yes
- No

11. Who smokes in your household? (if the patient is 19 years old or younger)

Thank you for taking the time to complete this questionnaire. Your responses will provide us with valuable insights to better understand and support your asthma care needs.

Once you have finished filling out the questionnaire, we kindly request that you either hand it in to the front desk at the surgery or email it back to us at frimleyicb.richmondsurgery@nhs.net. In the email subject line, please write "Asthma Questionnaire FAO Care Coordinators" to ensure prompt attention.

Please remember that providing accurate personal information is vital for us to provide you with the best possible care. Your privacy and confidentiality are of utmost importance, and we assure you that all information shared will be handled with the strictest confidence and in accordance with applicable data protection regulations.