Ringwood Medical Practice
1st Floor, Ringwood Medical Centre, Ringwood, Hampshire, BH24 1JY
01425 478901 hiowicb-hsi.enquiries-rmc@nhs.net

NAME: _____ Date of Birth: _____

ASTHMA REVIEW

Height	
Weight	
Blood Pressure	

Review

This questionnaire is for a routine review of your asthma symptoms, please complete this return at your earliest convenience. Your answers will always be seen by one of the practice team who will be in touch, if necessary.

Asthma Review

Daytime: How often does your asthma cause symptoms during the day?

Never ☐	1-2 times per month ☐	1-2 times per weeks ☐
Most days ☐		

Night time: How often does your asthma cause symptoms during the night?

Never ☐	1-2 times per month ☐	1-2 times per week ☐
Most nights ☐		

Activities: How often does your asthma limit your activities?

Never ☐	1-2 times per month ☐	1-2 times per week ☐
Most days ☐		

Exacerbations: How many asthma exacerbations (attacks) have you had in the past year?

A&E Admissions: How many times have you attended A&E since your last review?

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Triggers: What do find triggers your asthma? (answer as many as needed)

Airbourne dust ☐	Animals ☐	Cold air ☐
Damp ☐	Dust mites ☐	Emotion ☐
Exercise ☐	Humidity ☐	Perfume ☐
Pollen ☐	Respiratory Infection ☐	Seasonal ☐
Tobacco smoke ☐	Warm air ☐	Wind ☐
No triggers identified ☐	Other _____	

Inhaler Technique

It is essential to have good inhaler technique to ensure that your medication gets to the part of your lungs that need it. If possible, please visit www.asthmaandlung.org.uk/living-with/inhaler-videos and watch the specific inhaler video to ensure you are using your inhalers correctly.

I have watched the relevant video and I am happy with my inhaler technique:

Yes ☐	No ☐	I would like to discuss my inhaler technique at my appointment ☐

Further Questions

Care Plan: Do you have a written asthma care plan?

No ☐	Yes, and I am happy with it ☐	Yes, but I am not happy with it ☐
Yes, but I have lost it ☐		

I have the following questions that I would like to raise with my Asthma Nurse or Doctor

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Lifestyle: Alcohol

How often do you have a drink containing alcohol?

Never ☐	Monthly or less ☐	2-4 times a month ☐
2-3 times a week ☐	4 times a week or more ☐	

How many units of alcohol do you consume on a typical day drinking?

1-2 ☐	3-4 ☐	5-6 ☐
7-9 ☐	10+ ☐	

How often have you, as a woman, had 6 or more units or, as a man, had 8 or more units in a single occasion in the last year?

Never ☐	Less than monthly ☐	Monthly ☐
Weekly ☐	Daily, or almost daily ☐	

Lifestyle: Smoking

Do you smoke?

Never smoked ☐	Ex-smoker ☐	Trivial smoker (less than 1 cigarette per day) ☐
Light smoker (1-9 cigarettes per day) ☐	Moderate smoker (10-19 cigarettes per day) ☐	Heavy smoker (20-39 cigarettes per day) ☐
Very heavy smoker (40 or more cigarettes per day) ☐		

Do you use an e-cigarette?

No ☐	Ex-user ☐	Yes ☐

If you do you smoke, would you like help to quit smoking?

Yes ☐	No ☐

Giving up smoking is the best thing you can do for your health and you're up to four times more likely to give up with help from your local stop smoking service. An online secure referral form can be found at www.smokefreehampshire.com, you can email smokefree.hampshire@nhs.net or telephone 01264 563039 / 0800 772 3649

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Asthma Control Test Score

The Asthma Control Test provides a score to help you and your healthcare provider determine if your Asthma symptoms are well controlled.

I. How often does your asthma prevent you from getting as much done at home/work/school?

All the time ☐ (1)	Most of the time ☐ (2)	Some of the time ☐ (3)
A little of the time ☐ (4)	None of the time ☐ (5)	

II. How often do you have shortness of breath?

More than once a day ☐ (1)	Once a day ☐ (2)	3-6 times a week ☐ (3)
1-2 times a week ☐ (4)	None of the time ☐ (5)	

III. How often does your asthma wake you up at night, or early in the morning?

4 or more times a week ☐ (1)	2-3 times a week ☐ (2)	Once a week ☐ (3)
Once or twice ☐ (4)	Not at all ☐ (5)	

IV. How often have you used your reliver inhaler (usually blue)?

3 or more times a day ☐ (1)	1-2 times a day ☐ (2)	2-3 times a week ☐ (3)
Once a week or less ☐ (4)	Not at all ☐ (5)	

V. How would you rate your asthma control?

Not controlled ☐ (1)	Poorly controlled ☐ (2)	Somewhat controlled ☐ (3)
Well controlled ☐ (4)	Completely controlled ☐ (5)	

Score:

If your score is >23. Your asthma is well controlled.
If your score is 20-22. Your asthma is reasonably controlled.
If your score is <19. Your asthma is not well controlled.

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