

The Wycliffe Medical Practice Asthma Review

Your Details

Name	Date of birth
Telephone number	
Email	

Asthma Symptoms

In the last month, have you had any difficulty sleeping because of your asthma symptoms (including cough)?

No Yes, every day Yes, 1-2 times per week Yes, 1-2 times per month

Details of sleeping difficulties:

In the last month have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?

No Yes, every day Yes, 1-2 times per week Yes, 1-2 times per month

Details of symptoms during the day:

In the last month has your asthma interfered with your usual activities e.g. housework, work/school etc?

No / Yes

Details:

Peak Flow

Do you know your best PEF (peak flow) value

ml/min

Inhaler use

How often do you use your blue inhaler?

Daily Weekly Monthly Annually

Details of inhaler use:

Are you happy with your inhaler technique?

No / Yes

There is an online demonstration on the Asthma UK website...

<https://www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers/>

Smoking

Do you smoke?

No / Yes

If YES – how many cigarettes do you smoke per day?

Would you like help to quit smoking?

No / Yes

If NO - have you ever smoked?

No / Yes

If so, how many did you smoke and when did you stop?

Signature & Date

Signed

Date