**Please fill out the following asthma review questionnaire and email it to the Practice. Our email address is** [**D-CCG.Stleonardspractice@nhs.net**](mailto: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 child’s height:** |  |
| **Please provide your child’s weight:** |  |
| **Have your child complete this question:**  **How is your asthma today?** | Very bad (0)  Bad (1)  Good (2)  Very Good (3) |
| **Have your child complete this question:**  **How much of a problem is your asthma when you run, exercise or play sports?** | It's a big problem, I can't do what I want to do. (0)  It's a problem and I don't like it. (1)  It's a little problem but it's okay. (2)  It's not a problem. (3) |
| **Have your child complete this question:**  **Do you cough because of your asthma?** | Yes, all of the time. (0)  Yes, most of the time. (1)  Yes, some of the time. (2)  No, none of the time. (3) |
| **Have your child complete this question:**  **Do you wake up during the night because of your asthma?** | Yes, all of the time. (0)  Yes, most of the time. (1)  Yes, some of the time. (2)  No, none of the time. (3) |
| **During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?** | Not at all (5)  1-3 days per month (4)  4-10 days per month (3)  11-18 days per month (2)  19-24 days per month (1)  Every day (0) |
| **During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?** | Not at all (5)  1-3 days per month (4)  4-10 days per month (3)  11-18 days per month (2)  19-24 days per month (1)  Every day (0) |
| **During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?** | Not at all (5)  1-3 days per month (4)  4-10 days per month (3)  11-18 days per month (2)  19-24 days per month (1)  Every day (0) |
| **Has your child had any flare-ups of your asthma in the last 12 months? If so, how many?**  **Did they need oral steroids?** |  |
| **Has your child ever been admitted to an Intensive Care Unit (ICU) because of their asthma?** |  |
| **Does your child take asthma inhaler(s) every day?**  **If so, which one(s)?**  **How many puffs of preventor (brown) inhaler does your child take morning and evening?** |  |
| **Does your child have a spacer device?** |  |
| **Does your child have a nebuliser at home?** |  |
| **Does your child have a peak flow meter? Please tell us their last peak flow reading.** |  |
| **Does your child have any allergies? If so, please list** |  |
| **Does anything trigger your child’s asthma? If so, please list** |  |
| **Does your child have a written Personal Asthma Action Plan? If they don't have a written Asthma Action Plan would you like one?** |  |
| **Is your child taking any drugs or medicines that the practice doesn’t know about? If so, please list** |  |
| **Is there anything you would like to tell us that we have not asked?** |  |