

Asthma Questionnaire

Client Information and Asthma Review

Full Name

DOB

ASTHMA QUESTIONS (Please Tick)

Yes No

1. In the last month have you had difficulty sleeping because of your asthma symptoms (including cough) ☐ Yes ☐ No
2. In the last month have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness) ☐ Yes ☐ No
3. In the last month has your asthma interfered with your usual activities (for example housework, work/school etc) ☐ Yes ☐ No

Do you smoke, if so how many?

Yes ☐ No ☐

If Yes how many:

Yes No

Do you have an emergency plan?

☐ Yes ☐ No

Do you have any concerns about how to take your inhalers?

- If you circle YES, we will organise a clinic appointment.
- If you circle NO, we may not need to see you

☐ Yes ☐ No

Would you prefer to have a face-to-face review?

- If you circle YES, we will organise a clinic appointment

☐ Yes ☐ No

Peak Flow

If you have a peak flow meter at home please record the best of 3 attempts in the box provided:

ASTHMA CONTROL TEST

Step 1: Read each question carefully, Circle your score and write it in the box.

Step 2: Add up each of your five scores to get your total asthma control test score.

Step 3: Use the score guide to learn how well you are controlling you asthma.

1. During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?

All of the Time 1	Most of the Time 2	some of the Time 3
A little of the Time 4	None of the Time 5	SCORE:

2. During the last 4 weeks, how often have you had shortness of breath?

More than once a day 1	Once a day 2	3 to 6 times a week 3
Once or twice a week 4	Not at all 5	SCORE:

3. During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

4 or More nights a week 1	2 to 3 nights a week 2	Once a week 3
Once or Twice 4	Not at all 5	SCORE:

4. During the last 4 weeks, how often have you used your rescue inhaler or nebuliser medication (such as Salbutamol)?

3 or more times per day 1	Once or twice per day 2	2 to 3 times per week 3
Once a week or less 4	Not at all 5	SCORE:

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

Not Controlled 1	Poorly Controlled 2	Somewhat Controlled 3
Well Controlled 4	Completely Controlled 5	SCORE:

TOTAL SCORE:

What does your Score mean?

Score: 25 - Well Done

- Your asthma appears to have been UNDER CONTROL over the last 4 weeks.
- However, if your are experiencing any problems with your asthma, you should see your doctor or nurse.

Score: 20-24 - On Target

- Your asthma appears to have been REASONABLY WELL CONTROLLED during the past 4 weeks.
- However, if your are experiencing symptoms your doctor or nurse may be able to help you.

Score: less than 20 - Off Target

- Your asthma may NOT HAVE BEEN CONTROLLED during the past 4 weeks.
- Your doctor or nurse can recommend as asthma action plan to help improve your asthma control.

Once both page are completed please send via email to: NHSH.GP55925-Reception@nhs.scot