Asthma Health Review

Smoking

Current Smoking Status

Never smoked tobacco

Ex-smoker

Cigarette smoker

Rolls own cigarettes

... and 2 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma symptoms

For patients 12 years and over:

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

All of the time - 1

Most of the time - 2

Some of the time - 3

A little of the time - 4

... and 1 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

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

More than once a day - 1

Once a day - 2

3-6 times a week - 3

Once or twice a week - 4

... and 1 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2-3 nights a week - 2

Once a week - 3

Once or twice - 4

... and 1 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

During the last 4 week, how often have you used your rescue inhaler or nebuliser medication?

3 or more times per day - 1

Once or twice per day - 2

2 or 3 times per week - 3

Once a week or less - 4

... and 1 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Not controlled at all - 1

Poorly controlled - 2

Somewhat controlled - 3

Well controlled - 4

... and 1 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

For patients 4 t0 11 years old:

Question for child - How is your asthma today?

Very bad - 0

Bad - 1

Good - 2

Very good - 3

Question for child - How much of a problem is your asthma when you run, exercise or play sports?

It is 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 OK - 2

It's not a problem - 3

Question for child - 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

Question for your child - Do you wake up duirng 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

Question for parent - During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

25 day a month to everyday - 0

19-24 days a month - 1

11-18 days a month - 2

4-10 days a month - 3

... and 2 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

Question for parent - During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?

25 days to everyday - 0

19-24 days - 1

11-18 days - 2

4-10 days - 3

... and 2 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

Question for parent - During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

25 days to every day - 0

19-24 days - 1

11-18 days - 2

4-10 days - 3

... and 2 more

\_\_\_\_\_\_\_\_\_\_\_\_\_

Exacerbations

Number of asthma exacerbations in past year (Number of asthma exacerbations in past year)

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Emergency asthma admission since last encounter (Emergency asthma admission since last encounter)

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Home Nebuliser:

Some patients have home nebusilers, but these are not prescribed by any health service. Unmonitored and unmanaged use of home nebulisers can be dangerous.

Home nebuliser therapy used

Peak flow

Standing height (Standing height)

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Peak expiratory flow rate (Peak expiratory flow rate)

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