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)

.............................................................................................................................................

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

.............................................................................................................................................

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)

.............................................................................................................................................

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

.............................................................................................................................................