

Minster Surgery

75 High Street, Minster, Nr. Ramsgate, Kent CT12 4AB
Tel: 01843 821333 Fax: 01843 823146

Asthma Questionnaire

Name:

Please complete this questionnaire as fully as you can – it will help us to determine if we are treating your asthma properly and if your medication needs to be reviewed.

Please delete as appropriate in your word editor and then email the completed form to:

minstersurgery@nhs.net

What is your height?

What is your weight?

Do you smoke? Yes/No

If yes how many cigarettes per day?

Would you like help giving up? Yes/No

If no, have you ever smoked? Yes/No

Do you have a peak flow meter? Yes/No

If you have what is your current reading?

Do you use your reliever (blue inhaler) more than 3 times a week? Yes/No

When you do use your reliever do you obtain immediate relief? Yes/No

Do you use you steroid (brown) inhaler? Yes/No

If yes how often?

Do you have a spacer device? Yes/No

Do you have any problems using your inhaler? Yes/No

PTO

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Asthma Control

Have you ever suffered from an asthma attack in the last year which has required urgent consultation with your own doctor, emergency doctor or casualty doctor? Yes/No

Do you wake in the night due to a cough/wheeze or shortness of breath? Yes/No

If yes - how often does this happen?

Do you suffer from symptoms during the day? Yes /No

If yes – how often does this happen?

Does your asthma interfere with your daily activities or sport? Yes/No

Please tell us anything else which you feel would be helpful about how your asthma affects your day to day living:

Thank you for taking the time to complete this questionnaire. If you would like to see our asthma nurse please telephone the surgery to arrange an appointment.