Asthma RCP Florey content

Name:

Date of birth:

Address:

 **Please circle most appropriate answer.**

1. Do you have asthma?
* Yes
* No
1. How often does your asthma cause symptoms during the day?
* Never
* 1 to 2 times per month
* 1 to 2 times per week
* Most days
1. How often does your asthma cause symptoms at night?
* Never
* 1 to 2 times per month
* 1 to 2 times per week
* Most nights
1. How often does asthma limit your activities?
* Never
* 1 to 2 times per month
* 1 to 2 times per week
* Most days
1. On average, how many times a week do you need to use your reliever inhaler?
2. How many asthma exacerbations have you had in the past 12 months?

An exacerbation is where your symptoms got worse, your reliever did not help and you needed to seek medical attention.

1. Do you have any further information about your asthma that you feel is relevant to this review?
2. What is your smoking status?
* Current smoker
* Ex-smoker
* Never smoked
1. How much do you smoke? (If answered Current Smoker to previous question)
* <1 cigarettes per day or equivalent
* 1-9 cigarettes per day or equivalent
* 10-19 cigarettes per day or equivalent
* 20-30 cigarettes per day or equivalent
* 40+ cigarettes per day or equivalent
1. Does anyone else in your household smoke? (If patient is 19 years old or younger)
* Yes
* No
1. Who smokes in your household? (If patient is 19 years old or younger)