



ASTHMA QUESTIONNAIRE

Name:

DOB:

Address:

Please answer ALL of the following questions by ticking the box:

1) Asthma Symptoms – Do you have any day-time symptoms:

Most days 1 – 2 times a week 1 – 2 times a month Rare day-time symptoms.

2) Does your asthma ever limit activity:

Never restricts exercise Restricts exercise 1 – 2 times a week
 1 – 2 times a month

3) Does your asthma ever disturb your sleep

Never disturbs sleep Rarely disturbs sleep
 Disturbs sleep 1 - 2 times per week Disturbs sleep 1 – 2 times per month

4) Are you a:

Current Smoker – if yes how many do you smoke each day
 Never Smoked
 Ex-Smoker

To access **STOP SMOKING** services: CALL: 01628 857311 Or VISIT: www.livewellstaywellbucks.co.uk

Please return completed form to Dr Patrick Clarke either by:

Email: burnhamhc.web@nhs.net

Post: Burnham Health Centre, Minnicroft Road, Burnham, Bucks, SL1 7DE

Or by dropping it to the surgery