Name: Click here to enter text.

Date of birth: Click here to enter a date.

Phone number: Click here to enter text.

Email: Click here to enter text.
Date of test: Click here to enter a date.

What you need to do.
Step 1: Read each question below carefully, mark the tick box that applies to you Step 2: Add up each of your five scores to get your total score. Step 3: Use the score guide to learn how well you are controlling your asthma. Step 4: email this to the surgery at bucksccg.whitehillsurgeryadmin@nhs.net

**Q1 During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?**

Score

1

2

3

4

5

All of the time [ ]

Most of the time [ ]

Some of the time [ ]

A little of the time [ ]

None of the time [ ]

Score

1

2

3

4

5

**Q2 During the past 4 weeks, how often have you had shortness of breath?**

More than once a day [ ]

Once a day [ ]

3-6 times a week [ ]

1-2 times a week [ ]

Not at all [ ]

**Q3 During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning?**

Score

1

2

3

4

5

4 or more times a week [ ]

2-3 nights a week [ ]

Once a week [ ]

Once or twice [ ]

Not at all [ ]

**Q4 During the past 4 weeks, how often have you used your reliever inhaler (usually blue)?**

Score

1

2

3

4

5

3 or more times a day [ ]

1-2 times a day [ ]

2-3 times a week [ ]

Once a week or less [ ]

Not at all [ ]

Score

1

2

3

4

5

**Q5 How would you rate your asthma control during the past 4 weeks?**

Not controlled [ ]

Poorly controlled [ ]

Somewhat controlled [ ]

Well controlled [ ]

Completely controlled [ ]

**Total score:** Click here to enter text.

**Q6 How many asthma exacerbations have you had in the past year?**  Click here to enter text.

**Q7 Do you have an asthma self-management plan?** Click here to enter text.

**Score: 25 – WELL DONE**
• Your asthma appears to have been UNDER CONTROL over the last 4 weeks.
• However, if you are experiencing any problems with your asthma, you should see your doctor or nurse.

**Score: 20 to 24 – ON TARGET**
• Your asthma appears to have been REASONABLY WELL CONTROLLED during the past 4 weeks.
• However, if you are experiencing symptoms your doctor or nurse may be able to help you.

**Score: less than 20 – OFF TARGET**
• Your asthma may NOT HAVE BEEN CONTROLLED during the past 4 weeks.
• Your doctor or nurse can recommend an asthma action plan to help improve your asthma control.

Please remember to email this document to Bucksccg.whitehillsurgeryadmin@nhs.net

THIS FORM COLLECTS YOUR NAME, DATE OF BIRTH, EMAIL, OTHER PERSONAL INFORMATION AND MEDICAL DETAILS. THIS IS TO CONFIRM YOU ARE REGISTERED WITH THE PRACTICE, TO ALLOW THE PRACTICE TEAM TO CONTACT YOU AND ALSO TO UPDATE YOUR MEDICAL RECORDS HELD BY THE PRACTICE AND OUR PARTNERS IN THE NHS. PLEASE READ OUR PRIVACY POLICY TO DISCOVER HOW WE PROTECT AND MANAGE YOUR SUBMITTED DATA \*

I consent to the practice collecting and storing my data from this form.