

Inhaler Request

Following the request of your inhaler, we would be grateful if you could kindly complete this questionnaire. You don't need to fill in the questionnaire at all if you come to our nurse run respiratory clinic or choose to see your doctor for a routine review to discuss your inhaler request.

Name:..... Date of Birth:.....

Daytime Tel. No.: **Mobile No.**.....

(These are particularly helpful for us – please fill in, esp. the mobile number so we can contact you more easily.)

Children: parents, please could you complete this questionnaire on your child's behalf.

Our computer system indicates that you do NOT have asthma but you have still requested an inhaler:-

Do you think you have asthma? (circle) **Yes** **No**

If yes, why?

Symptoms of asthma cough, wheeze, chest tightness or breathlessness, your sleep being disturbed by asthma (which could be just a night time cough) and these symptoms interfering with your everyday activities, or preventing you doing things you would like to do.

If you answered yes to this question we ought to see you. Please make an appointment in the nurse run asthma clinic by telephoning 01895 442 026. If you cannot get an appointment soon enough and are concerned, please make an appointment to see a doctor in a routine appointment.

Do you smoke? (circle) Yes (Amount: /day) Ex-smoker Never smoked

If yes, no doubt you are aware smoking is bad for your health, especially if you are asthmatic. Apart from making your asthma potentially more difficult to control, it increases your chances of developing irreversible lung disease in the future.

If you would like help giving up, please indicate so below (circle):-

Yes **No**