



Asthma Questionnaire

If you have answered Yes to question 15 on the Application please complete

Name: _____ DOB: _____ Ref _____

When were you diagnosed with Asthma ? Please give dates	
Please give details of any asthma medication taken. Please give dosages.	
How often do you need to use your reliever medication in addition to your regular dose as described as above?	
Is you asthma triggered by exercise or cold air?	
What makes your asthma worse? What are the main trigger factors for your asthma?	
Have you required ORAL steroid treatment in the last year for control of asthma.	
Have you ever attended hospital with an asthma attack?	
How many days absence from work or school/college have you had in the last 2 years with asthma related illness?	
Do you attend an asthma clinic regularly?	
What was your last peak flow measurement?	
Any other details not included in the above which you wish to add.	

Signed:

Date:
