

RECOMMENDED ADULT ASTHMA DATA FORM

Name: _____ DOB: _____ Sex: M / F

Ask the individual with which ethnic group they identify: _____

Current asthma status

PEFR: _____

Number of doses of reliever per day (average over the last 4 weeks)

Number of courses of prednisone in last year

Number of emergency nebuliser admissions in the last year

Number of days off work/ limits on daily activity in the last year

Y/N Night waking?

Y/N Smoker? Number of attempts at quitting: _____

Highest: _____ and lowest: _____ peak flows

Results of Spirometry (including date of test): _____

Exacerbations in previous 12 months: _____

Current medications and dose levels

SABA: _____ LABA: _____

ICS: _____ Other (ALTA or theophylline): _____

Y/N Taking prescribed medication? Compliance/adherence: 80-100% 50-80% <50%

Y/N Inhaler technique adequate?

Y/N Understands what asthma is?

Asthma self-management plan

Y/N Has self-management plan?

Y/N Understands self-management plan?

Y/N Understands how to use devices?

Y/N Triggers identified (including sensitivity to house dust mites)?

Y/N Control of relevant environmental factors, eg, smoke or house dust mite exposure in sensitive individuals?

Y/N Understands use of medication?

Y/N Annual Influenza vaccine?

Y/N Skin testing indicated?

Y/N Understands how to recognise deterioration?

Y/N Goals of treatment discussed?

Y/N Individual's concerns discussed? _____

Y/N Knows how to contact health services?

Y/N Knows how to manage exercise induced asthma?

Y/N Has other materials and resources?

Y/N Has other sources of information, eg, asthma societies?

Side effects of medication: _____

If adult with asthma is well – consider back-titrating ICS medication.

Date of next Plan review: _____

Signature: _____ Date: _____