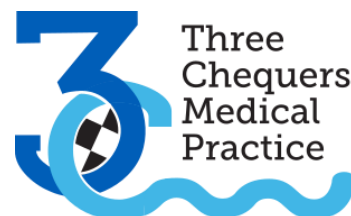


Three Chequers Medical Practice incorporating:

Endless Street Surgery
Three Swans Surgery
Winterslow Surgery
Porton and Old Sarum Surgery



Endless Street Surgery
72 Endless Street
Salisbury
SP1 3UH

T: 01722 336441
E: three.chaquers@nhs.net
www.3chequers.co.uk

Dear Parent or Guardian,

Paediatric Asthma Review Questionnaire (Under 12 years)

We are inviting your child to complete the following questionnaire as part of their Long-term Condition and/or Medication Review.

It is important that you answer the following questions promptly so we can ensure your child's condition is properly controlled and managed. If you run out of your repeat medication and have not had a review, we will have difficulty re-authorising your repeat medication. The medication may be stopped should you decline or ignore our invitation as we require up-to-date results to ensure we can prescribe safely.

Once completed, this information will be stored in their medical record to be reviewed by a member of our clinical team.

This questionnaire is for a routine review of your symptoms. If they are experiencing severe shortness of breath at present, please follow their care plan (if you have one) or contact the GP by phone. If it is an emergency please contact 999.

Questions for your child:

How is your Asthma today? (Please Tick below)
<input type="checkbox"/> Very Good
<input type="checkbox"/> Good
<input type="checkbox"/> Bad
<input type="checkbox"/> Very Bad
How much of a problem is your asthma when you exercise, run or play sports?
<input type="checkbox"/> It's a big problem, I can't do what I want to do
<input type="checkbox"/> It's a little problem, but it's OK

- ☐ It's a problem and I don't like it
- ☐ It's not a problem

How often do you cough because of your Asthma?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never

Do you wake up during the night because of your Asthma?

- ☐ Yes, all of the time
- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ No, never

Questions for Parent / Guardian

Please think about the last 4 weeks when answering these questions...

How many days did your child have daytime Asthma symptoms?

- ☐ Not at all
- ☐ 1 to 3 days
- ☐ 4 to 10 days
- ☐ 11 to 18 days
- ☐ 19 to 24 days
- ☐ Every day

How many days did your child wheeze because of Asthma?

- ☐ Not at all
- ☐ 1 to 3 days
- ☐ 4 to 10 days
- ☐ 11 to 18 days
- ☐ 19 to 24 days
- ☐ Every day

How many nights has your child woken because of Asthma symptoms?

- ☐ Not at all
- ☐ 1 to 3 days
- ☐ 4 to 10 days
- ☐ 11 to 18 days
- ☐ 19 to 24 days
- ☐ Every day

Please return this completed questionnaire by email to three.chequers@nhs.net or by hand for the attention of the LQM Administrator to any of our surgeries.

Thank you for your co-operation.

Yours sincerely,

LQM Administration Team

Three Chequers Medical Practice

Date

Signed (parent)

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