**ASTHMA REVIEW APPOINTMENT**

People with asthma benefit from regular review to help make sure that their symptoms are being well controlled, and that they are being managed in line with the latest guidance.

We would therefore like you to make an appointment so that we can review your asthma symptoms and your current asthma management. *This review is funded by AstraZeneca.*

Appointments are available on the following date(s):

|  |
| --- |
| Monday 10th February 2025 |
| Monday 24th February 2025 |
| Monday 3rd March 2025 |
| Friday 14th March 2025 |
| Friday 21st March 2025 |

Appointment details:

|  |  |
| --- | --- |
| Where is it? | **This will be a telephone appointment** |
| Who is it with? | Donny, a clinical pharmacist who is working closely with the practice |
| How long is it? | 15 minutes |
| **How to arrange your review appointment** | You will receive a text message from the practice containing a link to book an appointment if you have registered your mobile telephone number with the practice. If you do not have a mobile number registered, please telephone the practice to book an appointment. If calling the practice, please ensure you state it is for the **Interface Asthma Clinic** |

*This appointment is in addition to any other appointments you may have already arranged.*

What you should do next:

* Arrange your review appointment as directed in the Appointment details table above
* Let us know if you are unable to attend on any of the available dates so that we can arrange an alternative appointment for you

Before your appointment:

* Have all your current inhaled medicines and your personalised asthma action plan (if you have one) with you for your appointment
* During your appointment you will be asked questions to help us understand how your asthma affects you. Think about how you will answer the following questions:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?** | | | | | | | | | |
| All the time |  | Most of the time |  | Some of the time |  | A little of the time |  | None of the time |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |

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| **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?** | | | | | | | | | |
| 4 or more times a week |  | 2-3 nights a week |  | Once a week |  | Once or twice |  | Not at all |  |

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| **During the past 4 weeks, how often have you used your reliever inhaler (usually blue)?** | | | | | | | | | |
| 3 or more times a day |  | 1-2 times a day |  | 2-3 times a week |  | Once a week or less |  | Not at all |  |

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| **How would you rate your asthma control during the past 4 weeks?** | | | | | | | | | |
| Not controlled |  | Poorly controlled |  | Somewhat controlled |  | Well controlled |  | Completely controlled |  |