the ridge
Medical Practice

The Ridge Medical Practice

Asthma symptom checker

NAME: Date:

DATE OF BIRTH:

ADDRESS:

MOBILE NUMBER:

1. In the last month, have you had any difficulty sleeping because of your asthma symptoms (including cough)? Yes / No

Details of sleeping difficulties :(for example, once a month, once a week, every night)

2. In the last month, have you had your usual asthma symptoms during the day? (cough, wheeze, chest tightness or breathlessness)? Yes / No

Details of symptoms during the day: (for example, once a month, once a week, every day)

3. In the last month has your asthma interfered with your usual activities (e.g. housework, work, school etc)? Yes / No

Details: (for example, once a month, once a week, every day)

Remember, anyone who smokes and wants to give up is four times more likely to be successful by using the NHS stop smoking services. For more info, call 01274 437700 or go to www.nhs.uk/smokefree

Thank you for completing this form.

The team at The Ridge