



QUESTIONNAIRE: ASTHMA

Name:

Date of birth:

Application reference:

1. Was the condition diagnosed in the last 12 months? YES / NO
2. Do you have a home nebuliser? YES / NO
3. Have you had more than TWO acute asthma attacks in the last TWO YEARS when you have required an oral steroid (e.g. Prednisolone)? YES / NO
4. Have you had more than TWO episodes of respiratory illnesses in the last TWO years, e.g. bronchitis, upper respiratory tract infection, pneumonia, etc? YES / NO
5. Have you been hospitalised in the last 5 years for this condition? YES / NO
6. Are you under the care of a consultant now, or have you been under the care of a consultant in the last 5 years? YES / NO

Declaration

I declare that, to the best of my knowledge and belief, the answers to the above questions are true and complete.

Signature: **Date:**

(Of the person named above, or the main applicant if that person is a child under the age of 16)