**Asthma Patient Questionnaire**

1. **What inhaler(s) and other medication are you currently using to manage your asthma?**
* **……………………………………………………**
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1. **Which inhaler would you use first when you are having difficulty breathing?**
2. **Do you know what makes your asthma worse?** ☐**Yes** ☐**No.**

**If yes,**

* + **What is it?**
	+ **How do you avoid it?**
1. **In the past year, have you been to hospital because of your asthma?** ☐**Yes** ☐**No.**
	* **If so, how many times?**
2. **Do you smoke?** ☐**Yes** ☐**No.**

**If yes,**

* + **How many a day?**
	+ **Do you want to quit?**
1. **Have you had your flu vaccine this year?** ☐**Yes** ☐**No.**