

## Audit questionnaire

### Screening questions

**Q1. What indication is the patient using the LABA inhaler for?**

- Asthma** - If for asthma, go to Q2.
- COPD** - If for chronic obstructive pulmonary disease (COPD), the audit is not applicable as it is aimed at patients with asthma. No further questions need to be asked for this audit.
- Not known** - If the patient does not know why they are taking the LABA, complete the audit and try to contact the GP practice to confirm the indication. If the LABA is being used to treat asthma, the answers can be included in the audit; if it is being used to treat COPD then the results cannot be included in the audit.

**Q2. Is the patient also using a corticosteroid inhaler?**

- Yes - audit is complete, no further questions need to be asked for the audit.
- No - please complete the patient information below and the remaining questions.

### Patient information

<b>Patient's name</b>		<b>Date of birth</b>	
<b>GP practice</b>		<b>Date</b>	

**Q3. Has the patient ever been prescribed a corticosteroid inhaler?**

- |  |  |
|--|--|
| <input type="checkbox"/> No  | <input type="checkbox"/> Yes, but stopped taking it as they say it wasn't helping their asthma |
| <input type="checkbox"/> Yes, but stopped taking it due to side effects    | <input type="checkbox"/> Yes, but the patient has run out of their inhaler                     |
| <input type="checkbox"/> Yes - other reason (please provide details below) |  |

.....

**Q4. Is the patient using the corticosteroid inhaler regularly? (using it every day as prescribed)**

- |                              |                                  |
|------------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> No  |                                  |

### Action taken

**Q5. Did you refer the patient to the prescriber?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Q6. Did you provide verbal advice to the patient about their medicine, including the importance of regular use of an inhaled corticosteroid?**

- |  |   |
|--|---|
| <input type="checkbox"/> Yes               | <input type="checkbox"/> Unable to speak to patient as their medicines were delivered           |
| <input type="checkbox"/> No                | <input type="checkbox"/> Unable to speak to patient as representative collected their medicines |
| <input type="checkbox"/> Data not recorded |   |