Patient Survey
Children & Young People Asthma Pilot

Thank you for taking the time to complete this short survey about your child's asthma review appointment today. Camden CCG will use the information provided to continue improving asthma care for children in the area.

Please Note: You do not need to put your name or your child's name anywhere on this questionnaire.

1. Please tell us about your child

- How old is your child?
  - 0-1
  - 2-4
  - 5-12
  - 13+

- As far as you are aware, did your child have a diagnosis of asthma before today's appointment?
  - Yes
  - No

- If so, roughly how long have they had asthma?

- Before today, when was your child’s last asthma review with a doctor or nurse?
  - Within the last year
  - About a year ago
  - Over a year ago
  - I can't remember

- In the 4 weeks before today's appointment, roughly how often did your child use their blue reliever (salbutamol) inhaler?
  - More than once a day
  - Daily
  - Weekly
  - Monthly
  - Less than monthly

- Before today's appointment, how would you describe your child's asthma control?
  - Excellent
  - Good
  - Neither good nor bad
  - Poor
  - Very poor

2. Please tell us about your appointment today

- Which GP practice did you visit today?

- Did you see a doctor or a nurse?
  - Doctor
  - Nurse
were you/your child given a printed asthma management plan as part of your consultation today?
Yes [ ] No [ ]

was this management plan developed jointly with your input?
Yes [ ] No [ ]

did the gp watch your child use their inhaler to check their technique today?
Yes [ ] No [ ]

how do you rate your satisfaction with your gp/nurse appointment today?
Very satisfied [ ] Satisfied [ ] Neither satisfied nor unsatisfied [ ] Unsatisfied [ ] Very unsatisfied [ ]

3. Please tell us about your child's asthma management plan

<table>
<thead>
<tr>
<th>Much more confident</th>
<th>More confident</th>
<th>The same as before</th>
<th>Less confident</th>
<th>Much less confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of your appointment today, do you feel more or less confident/clear about the management of your child's asthma on a day-to-day basis (routine)?</td>
<td>[ ]</td>
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<tr>
<td>As a result of your appointment today, do you feel more or less confident/clear about what to do when your child’s asthma worsens (an exacerbation)?</td>
<td>[ ]</td>
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<tr>
<td>As a result of your appointment today, do you feel more or less confident/clear about what to do in the event that your child developed a serious asthma attack (an emergency)?</td>
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</table>

4. If you have any comments or suggestions, please include them on this questionnaire.

Thank you for your time. Please return this questionnaire to the reception desk.