

PATIENT INFORMATION SHEET

____/____/2017

Patient Name:**Hospital No.:****Asthma/COPD**

S.No.	Variables	Value	S.No.	Variables	Value
(i)	Age		(xi)	Marital status	
(ii)	Sex		(xii)	No. of people at home	
(iii)	Height		(xiii)	Presence of caregiver	
(iv)	Weight		(xiv)	Co-morbid conditions	
(v)	Education		(xv)	Duration of asthma	
(vi)	Income		(xvi)	Duration of inhaler use	
(vii)	Occupation		(xvii)	No. of medicines	
(viii)	Rural/Urban		(xviii)	Travel time	
(ix)	Family History		(xix)	Loss of wage	
(x)	Smoking History		(xx)	Expenditure	

Comments:

Current dose:

Rescue medication:

Actual dose:

Disease Severity, inhaler technique and adherence

S.No.	Variables	1 st month	3 rd month	6 th month
(i)	FEV ₁			
(ii)	FVC			
(iii)	FEV ₁ /FVC			
(iv)	PEFR			
(v)	ACT/CAT			
(vi)	Severity of disease			
(vii)	Incorrect step			
(viii)	Technique score			
(ix)	MMAS			
(xii)	No. of days missed in school/work			
(xiii)	No. of ER visits			
(xiv)	No. of acute attacks			

S.No.	Variable	1 st month	2 nd month	3 rd month	4 th month	5 th month	6 th month
(i)	Pill count						
(ii)	Lost to follow up						

Comments: