

**ASTHMA QUESTIONNAIRE** (To be completed by Medical Examiner)  
**KUESIONER SESAK NAFAS / ASMA** (Untuk diisi oleh Pemeriksa Medis)

Proposal Number / Nomor SPAJ : \_\_\_\_\_  
Name / Nama Calon Tertanggung : \_\_\_\_\_  
New NRIC No / Nomor Identitas Diri : \_\_\_\_\_

1. Is the asthma mild, moderate or severe? (Please refer the attached table which setting the criteria for assessing severity of asthma)  
*Apakah kriteria asma yang diderita Calon Tertanggung, ringan, sedang atau berat? (Silakan lihat tabel terlampir yang menetapkan kriteria untuk menilai beratnya asma)*

2. When was asthma first detected? / *Kapan asma pertama kali terdeteksi?*

3. How frequent is the asthma attack? / *Berapa sering serangan asma terjadi?*

Year / Tahun	No of attacks / Frekuensi serangan

4. Is the asthma associated with Chronic Bronchitis, Cardiac Asthma or Emphysema?  
*Apakah asma berhubungan dengan bronkitis kronis, jantung atau Emfisema Asma?*

[     ] No / Tidak                      [     ] Yes / Ya

If Yes, how severe is the condition? / *Jika 'Ya', seberapa parah kondisinya?*

5. When was the last attack? / *Kapan serangan terakhir?*

6. Any history of admission? / *Adakah Riwayat Mengenai Penyakit Tersebut?*

[     ] No / Tidak                      [     ] Yes / Ya

If Yes, when? / *Jika 'Ya', kapan?* \_\_\_\_\_

How long is the duration? / *Berapa lama Jangka Waktunya?* \_\_\_\_\_

7. What was the treatment prescribed? / *Apa Saja perawatan yang diberikan?*

