### Convalescent Visit

#### Convalescent Assessment

**Has your child recovered?**

- [ ] Yes
  - How many weeks did it take them to recover?
    - 
  - ❌ No
  - What ongoing problems do they have?
    - 
  - [ ] Unknown

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**About the treatment that your child has received for their current illness:**

**What treatments has your child received because of their current wheezy illness? Please select all that apply.**

- [ ] Beta-agonist inhaler (e.g. salbutamol or terbutaline)
- [ ] Anticholinergic inhaler (e.g. ipatropium)
- [ ] Inhaled corticosteroid
- [ ] Oral corticosteroid (e.g. prednisolone)
- [ ] Antibiotics
- [ ] Other

Please specify:

- 

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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<tbody>
<tr>
<td>Q1. Are there any respiratory symptoms?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>If yes:</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>Q1.1 Wheeze audible on chest auscultation?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>Q1.2 Features of upper respiratory tract infections, e.g. nasal discharge, inflamed nostrils, conjunctivitis?</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>Q2. Any sign of Eczema? (if yes, complete SCORAD worksheet)</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
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<tr>
<td>Q3. SCORAD score</td>
<td>☐☐☐ (max 103)</td>
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