

ASTHMA DIARY

Month: _____ Year: _____

It is helpful to keep track of your asthma symptoms to determine if your asthma is well-controlled. Please complete this diary and bring it to your next asthma appointment.

Month																																
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Asthma Symptoms	<i>Please check (✓) if your asthma symptoms occur.</i>																															
• Wheeze																																
• Cough																																
• Chest tightness																																
• Shortness of breath																																
• Sleep problems due to asthma																																
• Asthma symptoms with physical activity																																
Timing of symptoms																																
• Day																																
• Night																																
Did your asthma symptoms make you:																																
• Miss school/ daycare/ work																																
• Miss work																																
• Have a doctor visit																																
• Have an emergency visit																																
• Have a hospital admission																																
Medications	<i>Please check (✓) each time you use your reliever inhaler.</i>																															
e.g. salbutamol 2 puffs																																
Asthma Triggers	<i>Please check (✓) if it might have triggered your symptoms that day.</i>																															
List things that trigger your asthma	e.g. Viral Colds																															
	e.g. Exercise																															
Peak Flow Reading:	<i>Please record the peak flow reading.</i>																															



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