

Month																												
Date:																												
Symptoms: score 0-3 0 = No Problem 1 = Barely Present 2 = Obviously Present 3 = Interferes with Activity																												
Runny nose or sneezing																												
Problems with activity (includes gym or recess)																												
Night time cough																												
Day time cough																												
Wheeze (whistling noise from chest)																												
Shortness of breath																												
Chest tightness																												
Indicate Y (yes) or N (no)																												
Missed school or activities																												
Unscheduled visit to doctor or Emergency Department																												
Exposure to triggers (specify in Notes below)																												
Controller Medicines:																												
1.																												
2.																												
3.																												
Reliever Medicine:																												
1.																												
Notes:																												

HOW TO USE THE ASTHMA DIARY

Date: Write the date of the first day your diary is used.

Asthma Symptoms: Score the symptom between 0 and 3.

Medicines: List all the controller and reliever asthma medicines used (eg. Ventolin® 2 puffs as needed). Use one √ for each puff of medicine.

Notes: List your child's activities and possible asthma triggers on the days where your child has symptoms. Also, list any questions or concerns to be discussed with your doctor.

GOOD ASTHMA CONTROL IS:

- Normal Activity
- Normal Sleep
- No daytime asthma symptoms
- No need for Reliever medicine
- No emergency visits for asthma
- No missed school or daycare for asthma

Use your
Asthma
Diary!



asthma allie



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ASTHMA DIARY FOR CHILDREN



Child's Name

