



MY ASTHMA DIARY

It is helpful to keep track of your asthma symptoms to know 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:	Please check (✓) each time the symptoms appear.																															
Cough																																
Wheeze (Whistling sound)																																
Shortness of breath																																
Chest tightness																																
Timing of symptoms																																
• Day ☀																																
• Night ☾																																
Did your asthma symptoms make you:																																
• Miss school/ daycare																																
• Miss work																																
• Have a doctor visit																																
• Have an emergency visit																																
• Have a hospital admission																																
Medications:	Please check (✓) each time you give the medication.																															
Asthma Triggers:	Please check (✓) if it might have triggered symptoms that day.																															
List things that trigger your asthma	e.g. Viral Colds																															
	e.g. Exercise																															

