



MY ASTHMA DIARY

Children's Asthma Program
 604-875-3042 | 1-888-300-3088 ext 3042
 asthma@cw.bc.ca
 www.bcchildrens.ca/our-services/clinics/asthma

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. 詳細地紀錄你的症狀會有助於更有效地控制你的哮喘。請下次應診時攜回紀錄。

月份Month																																
日子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: 哮喘症狀	Please check (✓) each time the symptoms appear. 如有症狀時請予記錄																															
Cough咳嗽																																
Wheeze (Whistling sound)喘氣																																
Shortness of breath氣促																																
Chest tightness胸口緊悶																																
Timing of symptoms發作時間																																
• Day日☀️																																
• Night夜🌙																																
Did your asthma symptoms make you: 症狀導致:																																
• Miss school/ daycare曠課																																
• Miss work 曠工																																
• Have a doctor visit去看醫生																																
• Have an emergency visit 要往急症室																																
• Have a hospital admission要留院																																
Medications: 藥物	Please check (✓) each time you give the medication. 每次用時請予記錄																															
Asthma Triggers: 哮喘誘發因素	Please check (✓) if it might have triggered symptoms that day. 如有誘發時請予記錄																															
List things that trigger your asthma	e.g. Viral Colds病毒性感冒																															
	e.g. Exercise																															
