

+asthma diary

Record your asthma symptoms, peak flows, and the amount of medicine you took.



Name _____

Week of _____

SYMPTOMS

Check to show when you had symptoms.

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	day	night	day	night	day	night	day	night	day	night	day	night	day	night
cough														
wheeze														
breathing problems														

PEAK FLOW READINGS

Write your peak flow readings in the corresponding color zone.

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
day	night	day	night	day	night	day	night	day	night	day	night	day	night

MEDICINE

List your medicines and the number of times you took them each day.

Medicine name	Mon	Tues	Wed	Thurs	Fri	Sat	Sun