

Young Persons / Adult's Asthma Symptom Diary

Month	Tick the appropriate box	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
How often did you wake during the night coughing, wheezing or with chest tightness?	A good night's sleep																												
	Awake once																												
	Awake several times																												
	Kept awake for most of night																												
How often did you cough, wheeze or experience chest tightness during the day?	Not at all																												
	Now and again																												
	Often																												
	Most of the time																												
Which of the following made you breathless?	Not breathless																												
	Daily activities																												
	Walking a short distance																												
	Too breathless to walk																												
Absent from School / Work due to asthma	Please tick (✓) if you are unable to attend school / work because of asthma																												
Nebulisations at Hospital/A&M/GP	Please tick (✓) if you received a nebulisation.																												
Preventer / Long acting Reliever Combination Medication	Name	How many doses taken in morning?																											
	Strength	How many doses taken at night?																											
Reliever Medication	Name	(✓) Tick each time you used the blue inhaler today? (Reliever)																											
	Strength																												
Morning Peak Flow before inhalers	Peak Flow in the safe zone? Y/N																												
	Record level																												
Evening Peak Flow before inhalers	Peak Flow in the safe zone? Y/N																												
	Record level																												

Comments