

Children'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 during the night did your child wake due to coughing, wheezing or having a sore chest?	A good night's sleep																												
	Awake once																												
	Awake several times																												
	Kept awake for most of night																												
How often during the day did your child cough, wheeze or have a sore chest?	Not at all																												
	Now and again																												
	Often																												
	Most of the time																												
Which of the following made your child breathless?	Not breathless																												
	Daily activities																												
	Walking a short distance																												
	Too breathless to walk																												
Absent from School / Kindy	Please tick (✓) if your child is unable to attend school/kindy because of asthma																												
Nebulisations at Hospital/A&M/GP	Please tick (✓) if your child 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 your child used the blue inhaler today? (Reliever)																											
	Strength																												
Comments																													