

## **Asthma Diary**

Name:	
Week of:	

A weekly journal to record your asthma symptoms, peak flows, and the amount of medicine you took.

## **SYMPTOMS**

Use a check mark 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		l I		l		l								l

## **PEAK FLOW READINGS**

Write your peak flow readings in the corresponding color.

M	lon	Τι	ies	W	ed	Tł	nurs	F	ri	Sat		Sun	
Day	Night												
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## **MEDICINE**

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

Medicine Name	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
	Day Night							
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