

ASTHMA DIARY FORM

Name _____ Dr. _____ Dr. Phone # _____

Date	THURS		FRI		SAT		SUN		MON		TUES		WED	
Time	day	night	day	night	day	night	day	night	day	night	day	night	day	night
SYMPTOMS														
Cough														
Wheeze														
Shortness of breath														
Chest Tightness														
Missed work/school for asthma														
Saw doctor for asthma symptoms														
Went to Emergency for asthma														
PEAK FLOW READINGS	day	night	day	night	day	night	day	night	day	night	day	night	day	night
500														
400														
300														
200														
100														
0														
ASTHMA MEDICINE	day	night	day	night	day	night	day	night	day	night	day	night	day	night

Symptom score: 1 = Barely Present 2 = Obviously Present 3 = Interferes With Activity

