



**ASTHMA DIARY for:** \_\_\_\_\_ **Week of:** \_\_\_\_\_

**Symptoms and Medications:**

Date Time	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Shortness of Breath														
Wake at Night														
Symptom Score: 1 = Barely Present 2 = Obviously Present 3 = Interferes with Activities														
<b>Medications (mark number of times taking medication each day)</b>														
Missed Work/School														
Doctor/ER Visit														

**Peak Expiratory Flow Meter Readings:**

Date Time	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
700														
600														
500														
400														
300														
200														
100														

**Personal Best Peak Expiratory Flow Rate:** \_\_\_\_\_