Asthma Diary

Name: ____________________________________

Please fill out the **shaded** columns daily. (It helps to measure your peak flow at the same times every day, before you take your medicine.)

Also, make sure you fill out an asthma action plan with your doctor so you know what to do in case you have asthma symptoms or your peak flow goes out of your green zone (normal range). If you ever experience any symptoms, or take extra medicines to control your asthma, please write down this information in as much detail as possible.

<table>
<thead>
<tr>
<th>Week of:</th>
<th>Peak flow</th>
<th>Took your daily meds?</th>
<th>Symptoms (if any)</th>
<th>Trigger</th>
<th>Took extra medicine for symptoms?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AM</td>
<td>PM</td>
<td>Details, time</td>
<td>How bad?</td>
<td>Name, dose Did it work?</td>
<td></td>
</tr>
</tbody>
</table>

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

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