

Adult Asthma Symptoms 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 did you wake during the night coughing, wheezing or with chest tightness?	0 = A good night's sleep																												
	1 = Awake once																												
	2 = Awoke several times																												
	3 = Awake for most of the night																												
How often did you cough, wheeze or experience chest tightness during the day?	0 = Not at all																												
	1 = Now and again																												
	2 = Often																												
	3 = Most of the time																												
Which of the following made you breathless?	0 = Not breathless																												
	1 = Daily activities																												
	2 = Walking a short distance																												
	3 = Too breathless to walk																												
Absent from Work due to asthma	Please tick ✓ if you are unable to attend work because of asthma.																												
Nebulisations at hospital/A&M/GP	Please tick ✓ if your child received a nebulisation.																												
Preventer Medication	Name	How many doses taken in morning?																											
	Strength	How many doses taken at night?																											
Reliever Medication	Name	Tick each time you used the blue inhaler today (reliever)																											
	Strength																												
Morning PEF Safe zone /	Peak flow in the safe zone? Y/N																												
	If no 'record level'																												
Evening PEF Safe zone /	Peak flow in the safe zone? Y/N																												
	If no 'record level'																												
Comments																													

