



# Children's 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	
<b>How often during the night did your child wake due to coughing, wheezing or having a sore chest?</b>	<b>0 = A good night's sleep</b>																													
	<b>1 = Awake once</b>																													
	<b>2 = Awoke several times</b>																													
	<b>3 = Kept awake for most of night</b>																													
<b>How often during the day did your child cough, wheeze or have a sore chest?</b>	<b>0 = None</b>																													
	<b>1 = Now and again</b>																													
	<b>2 = Often</b>																													
	<b>3 = Most of the time</b>																													
<b>Which of the following made your child breathless?</b>	<b>0 = Not breathless</b>																													
	<b>1 = Physical activities</b>																													
	<b>2 = Walking a short distance</b>																													
	<b>3 = Too breathless to walk</b>																													
<b>Absent from School/ Kindy</b>	<b>Please tick ✓ if your child is unable to attend school/kindy because of asthma.</b>																													
<b>Nebulisations</b>	<b>Please tick ✓ if your child received a nebulisation.</b>																													
<b>Preventer Medication</b>	<b>Name</b>	<b>How many doses taken in morning?</b>																												
	<b>Strength</b>	<b>How many doses taken at night?</b>																												
<b>Reliever Medication</b>	<b>Name</b>	<b>Tick each time your child used the blue inhaler today (reliever)</b>																												
	<b>Strength</b>																													
<b>Comment</b>	<div style="display: flex; align-items: center;"> <div style="width: 10%; text-align: center;">  </div> <div style="width: 20%; text-align: center;">  </div> </div>																													