

SYMPTOM TRACKER

Example DAY


MY SYMPTOMS

Did your asthma wake you up last night?

Did you cough today?

Did you wheeze today?

Did your asthma affect your normal activity?

How are you feeling? 

MY TREATMENT

AM

PM

AM

PM

AM

PM

AM

PM

Write in your medicines here and record how many times you took them each day.

Example DAY


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MY TREATMENT

AM

PM

AM

PM

AM

PM

AM

PM

WEEK 1 DATE

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 2 DATE

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 3 DATE

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 4 DATE

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 5 DATE

MON	TUE	WED	THU	FRI	SAT	SUN

WEEK 6 DATE

MON	TUE	WED	THU	FRI	SAT	SUN

