

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

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	

WEEK 1 DATE

MON	TUE	WED	THU	FRI	SAT	SUN


WEEK 4 DATE

MON	TUE	WED	THU	FRI	SAT	SUN


WEEK 2 DATE

MON	TUE	WED	THU	FRI	SAT	SUN


WEEK 5 DATE

MON	TUE	WED	THU	FRI	SAT	SUN


WEEK 3 DATE

MON	TUE	WED	THU	FRI	SAT	SUN


WEEK 6 DATE

MON	TUE	WED	THU	FRI	SAT	SUN


