

ASTHMA SOCIETY OF IRELAND SYMPTOM DIARY Symptom DIARY																							
		S	WE	EK 1	DATE					WEEK 2 DATE						WEEK 3 DATE							
		MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	
ې Did your asthma wake you up last night?																							
Did you cough today?																							
Did your ashma wake you up tash highly Did you cough today? Did you wheeze today? Did your ashma affect your normal activity?																							
Set Did your asthma affect your normal activity? How are you feeling? Image: Comparison of the set of t																							
	AM																						
	PM																						
	AM																						
TREATMENT	PM																						
X	AM																						
W	PM AM																						
	PM																						
Write in your medicines here and record how many times you took them each day. Did your asthma wake you up last night Did you cough today? Did you wheeze today? Did your asthma affect your normal acti How are you feeling?		Example DAY I		TUE	VED	THU	FRI	SAT	SUN		TUE		THU	FRI	SAT	SUN		TUE	VED	THU	FRI	SAT	SUN
	AM																						
5	PM AM																						
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REA	AM																						
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	AM PM																						
asthma.ie												ASTHMA ADVICELINE 1800 44 54 64 BEATING BREATHLESSNESS WHATSAPP 086 059 0132											