

Your Daily Asthma Journal

(For ages 12 years and older)

Whether you've recently been diagnosed with asthma or have lived with it for years, managing your asthma every day can help you live an active, healthy life. Taking an active role in your care is an important step in managing your asthma.

Why Should I Keep a Daily Journal?

By keeping a daily journal, you can track your good and bad days, your triggers, and your symptoms. You and your doctor can then use this information to create a management plan for your asthma.

Four Tips for Keeping a Successful Journal

- 1 Write in your journal every day.
Try to make writing in your journal a habit. Keep it in the same place and take just a few minutes to write in it every day.
- 2 Answer as many questions as possible.
You can never have too much information about your asthma. By looking at the information in your journal, your doctor will be able to recognize problems or progress over time.
- 3 Keep on writing.
If you miss a day or so of writing in your journal, start up again. The goal is to make it a habit.
- 4 Take your journal to every visit with your doctor.
Discuss your progress with your doctor to find out whether or not your asthma is under control. Remember to ask your doctor when you should schedule your next visit and write down the appointment in your journal.

Use your asthma journal and follow your asthma management plan as directed by your doctor. This may help you better control your asthma.

My Daily Asthma Journal (For ages 12 years and older)

Use this journal to help you take an active role in your asthma management.

Please check the boxes that apply.

DATE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Did you have an asthma flare-up today?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you experience any of the following symptoms today?	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other	<input type="checkbox"/> Wheezing <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other
What do you think triggered the asthma flare-up?							
Did you miss or avoid any activities because of your asthma symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your sleep interrupted by asthma symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you take your long-term controller medicine today? <small>This is the medicine you take every day as directed by your doctor to help prevent asthma symptoms.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you need to use your quick-relief (rescue) inhaler? <small>This is the medicine you take when you first begin to have symptoms.</small>	<input type="checkbox"/> Yes _____ If yes, how many puffs?	<input type="checkbox"/> Yes _____ If yes, how many puffs?	<input type="checkbox"/> Yes _____ If yes, how many puffs?	<input type="checkbox"/> Yes _____ If yes, how many puffs?	<input type="checkbox"/> Yes _____ If yes, how many puffs?	<input type="checkbox"/> Yes _____ If yes, how many puffs?	<input type="checkbox"/> Yes _____ If yes, how many puffs?
What was your peak flow reading today?	_____ L/min	_____ L/min	_____ L/min	_____ L/min	_____ L/min	_____ L/min	_____ L/min
Other comments and/or observations:							
Next doctor appointment:	____/____/____ Date	Monthly overview: Did you use your quick-relief (rescue) inhaler more than twice a week? Did you wake up at night with symptoms more than twice in the past one month?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Photocopy this page to use each week to help track your asthma control.