Asthma Diary for: for the month of:

Please check the correct box or fill in the requested value.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Last night | Good night | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Slept ok, but some wheezing or coughing | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Woke up due to wheeze or cough | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Bad night, kept waking up | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Morning peak flow(best of three) |  | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Activity today? | Tolerated vigorous physical activity | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Could run only short distance | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Limited to walking because of breathing | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Home because of breathing problems | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Wheezing | None today | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Briefly, not troublesome | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Several times but cleared | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Continuous | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Coughing | None today | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Present, but not troublesome | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Interrupted activities once | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Interrupted activities more than once | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Evening peak flow (best of three) |  | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Intervention | Inhaled bronchodilators (# treatments)  (ie albuterol, xopenex MDI or nebs) | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
|  | Corticosteroids (dose) | |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |
| Dr. Sheets (515) 868-0220 | | |  | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
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Use back of page for notes

Notes:

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