

Asthma Diary

Name: _____

Please fill out the **shaded** columns daily. (It helps to measure your peak flow at the same times every day, before you take your medicine.)

Also, make sure you fill out an asthma action plan with your doctor so you know what to do in case you have asthma symptoms or your peak flow goes out of your green zone (normal range). If you ever experience any symptoms, or take extra medicines to control your asthma, please write down this information in as much detail as possible.

Week of:	Peak flow		Took your daily meds?	Symptoms (if any)		Trigger	Took extra medicine for symptoms?		Notes
	AM	PM		Details, time	How bad?		Name, dose	Did it work?	
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									