



Asthma Diary

Use this asthma diary as a weekly journal to record your child's asthma symptoms, peak flows, and amounts of medicine taken. Make sure to bring this diary with you to each healthcare provider visit in order to help them evaluate how well your child's Asthma Action Plan is working.

Important Info

Name: _____ Date of Birth: _____

Asthma Diary for week of:

Asthma Symptoms

Use a checkmark to show when your child had symptoms.

	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Shortness of breath														
Coughing														
Wheezing														
Other asthma symptoms														

Peak Flow Readings

Write your child's peak flow readings in the corresponding color zones.

	Peak Flow Readings from	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
		am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Safety	<input type="text"/> to <input type="text"/>														
Caution	<input type="text"/> to <input type="text"/>														
Danger	<input type="text"/> to <input type="text"/>														

Asthma Diary

page 2 of 2

Asthma Medicine

List your child's medicines and the number of times they took each medicine per day.

Medicine Name	Mon		Tue		Wed		Thu		Fri		Sat		Sun	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm

Notes

Use this space to write down important information.
