



# My Pre-Appointment ASTHMA JOURNAL

\_\_\_\_\_ Date

**Fill out these questions before your next healthcare provider visit. This will give your doctor the information they need to help you with your asthma.**

**1. Did you experience any of the following asthma symptoms today? (check all that apply)**

- Wheezing                       Shortness of breath
- Tightness in chest         Cough

**If yes, what do you think may have triggered your symptoms?**

\_\_\_\_\_  
\_\_\_\_\_

**2. Did you miss or avoid any activities today due to asthma symptoms?**

- Yes                               No

**3. How did you sleep last night? (check one)**

- No waking; no wheezing or coughing
- Slept well; slight wheezing or coughing
- Woke up 2-3 times; wheezing or coughing
- Bad night; awake most of the time due to coughing and wheezing, and trouble falling asleep

**4. Did you take your daily preventive medications for asthma (other than your quick-relief inhaler) today?**

- Yes                               No

**If not, was it because you:**

- Were too busy                 Felt fine
- Were out of medication     Simply forgot
- Other

**5. Did you use your quick-relief inhaler today?**

- Yes                               No

**If yes, how many puffs and how often?**

- \_\_\_\_\_ puffs
- \_\_\_\_\_ times

**6. Did you have an asthma attack today?**

- Yes                               No

**7. My peak flow today was \_\_\_\_\_ when I checked in the **morning** or at **night**. (circle one)**

**8. What is your biggest challenge in managing your asthma?**

\_\_\_\_\_  
\_\_\_\_\_  
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NPUS-ASUBROC260001 March 2026  
Produced in USA.

