Asthma Journal

Fill out your journal pages and bring them to your next healthcare provider visit.

Date ____________________________

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 WHEEZE OR COUGH
   - WOKE UP 2-3 TIMES; WHEEZE OR COUGH
   - BAD NIGHT; AWAKE MOST OF THE TIME

4. Did you take your daily preventative medications (other than your quick-relief inhaler) today?
   - YES
   - NO
   IF NOT, WAS IT BECAUSE YOU:
     - WERE TOO BUSY
     - 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?

6. Did you have an asthma attack today?
   - YES
   - NO

7. MY PEAK FLOW TODAY WAS ________ WHEN I CHECKED IN AM/PM (CIRCLE ONE)

8. Other comments/observations:
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
   ________________________________________
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Doctor Discussion Guide

Use the space provided to write down your answers. Bring your written answers to your next appointment and discuss them with your healthcare provider.

1. Which medications are you taking for asthma?

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<th>HOW MUCH</th>
<th>WHEN</th>
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2. How often do you use your rescue inhaler?


3. List any other medications you are taking, including vitamins and herbal supplements.


4. What asthma symptoms are you experiencing (wheezing, coughing, chest tightness, shortness of breath)?

   a. What things (triggers) make your asthma symptoms worse?

5. How often are you experiencing symptoms?


6. Do your asthma symptoms affect usual activities? If so, how?


7. Do you have an Asthma Action Plan? If so, what steps have you taken to work toward your goals?