

Asthma diary directions:

1. If we have recommended the use of a peak flow meter, write your personal best peak flow number in the space at the top right of the diary. In addition, write your 80% and 50% numbers too. If you do not know them, click on the following link for a chart that will help you determine those values.
2. List the names of your medicines in the spaces at the top of the “Medicines” column.
3. For each of the number of day recommended, please complete the following:

a. **Date**

b. **Triggers/Comments**

If you have flare-ups or symptoms, write down what you think triggered them. Note where you were, what you were doing at the time and what you were doing just before the signs began. Note if you had a cold, runny nose, earache or other possible trigger.

c. **Asthma signs**

Use the following key to describe your signs. For example, if there has been no coughing during the past 24 hours, place a zero in the “cough” column. For a frequent cough, write 2 in that space. Asthma that is under good control should have none of these signs.

| Wheeze | Cough | Activity | Sleep |
|----------------|----------------|-------------------------------------|--|
| None = 0 | None = 0 | Normal = 0 | Fine = 0 |
| Occasional = 1 | Occasional = 1 | A little less than normal = 1 | Slept well, slight wheeze or cough = 1 |
| Frequent = 2 | Frequent = 2 | Much less than normal = 2 | Awake 2-3 times, wheeze or cough = 2 |
| Continuous = 3 | Continuous = 3 | Missed school or other activity = 3 | Bad night, awake most of the time = 3 |

d. **Medicines**

Put a number in the box under each medicine to show how many times you took that medicine during the last 24 hours.

e. **Daily peak flow scores**

Record your daily peak flow scores for the morning (AM) and afternoon/evening (PM) in the boxes for that day.

Please refer to the following for an example of how to complete the asthma diary.



| Date | Triggers/Comments | Asthma Signs | | | | Medicines | | | | Peak Flow Zones | | | | |
|------|---|--------------|-------|----------|-------|-----------|------------|----------|--|-----------------|---------------------|------------------------|-----------|-------------|
| | | Wheeze | Cough | Activity | Sleep | Albuterol | Flovent 44 | Claritin | | | Personal best = 200 | 80% = 160 | 50% = 100 | |
| | | | | | | | | | | | | Daily Peak Flow Scores | | |
| | | | | | | | | | | | | AM | PM | Other Times |
| 7-5 | Runny nose, dry cough | 0 | 1 | 0 | 0 | 1x | 2x | 0 | | | 180 | 180 | - | |
| 7-6 | Wet cough, not hungry, circles under eyes | 0 | 2 | 1 | 0 | 2x | 2x | 0 | | | 150 | 130 | - | |
| 7-7 | Around cat, increased cough | 0 | 3 | 2 | 3 | 5x | 2x | 1x | | | 130 | 110 | - | |