



## ASTHMA SYMPTOM DIARY -- VERBAL

Name:	Medical Record Number:	Date of Birth:
Month/Year:		
Has a fever (mark date with *)		
Date:		
Coughing		
None.....0		
Occasional.....1		
Frequent.....2		
Character of cough		
Dry.....1		
Productive or wet.....2		
Croupy (barking seal).....3		
Nasal symptoms		
None.....0		
Stuffy.....1		
Clear Drainage.....2		
Yellow or green discharge.....3		
Wheezing or forcing air out		
None.....0		
Little.....1		
Moderately bad.....2		
Severe.....3		
Activity level		
Quite normal.....0		
Some difficulty.....1		
Moderate difficulty.....2		
Severe difficulty.....3		
Short of breath or chest tight		
None.....0		
Occasional.....1		
Part of day.....2		
Most of day.....3		
Sleep disturbance due to cough, wheeze, or breathing problems		
None.....0		
Heard, does not wake.....1		
Awake.....2		
Unable to sleep.....3		
Peak flow		
Morning		
After school		
Drugs (No. of doses/24 hours)	Week 1	Week 2
1.		
2.		
3.		
4.		
5.		
6.		