



MY ASTHMA DIARY

It is helpful to keep track of your asthma symptoms to know if your asthma is well-controlled.

Please complete this diary and bring it to your next asthma appointment.

Asthma Education Program
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604-875-3042 • 1-888-300-3088

www.bcchildrens.ca/our-services/clinics/asthma

Month																																
Day		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Asthma Symptoms:		Please check (✓) each time the symptoms appear.																														
Cough																																
Wheeze (Whistling sound)																																
Shortness of breath																																
Chest tightness																																
Timing of symptoms																																
• Day																																
• Night																																
Did your asthma symptoms make you:																																
• Miss school/ daycare																																
• Miss work																																
• Have a doctor visit																																
• Have an emergency visit																																
• Have a hospital admission																																
Medications:		Please check (✓) each time you give the medication.																														
Asthma Triggers:		Please check (✓) if it might have triggered symptoms that day.																														
List things that trigger your asthma	e.g. Viral Colds																															