ASTHMA SYMPTOM DIARY -- PRE-VERBAL

Name:					Medical Record Number:													Date of Birth:											
Month/Year:						A.A.G. A.G. A. G. A.G. A. G. A													Z mo or Dirai.										
Has a fever (mark date with *)																													
Date:																													
Cough frequency																													
None .0 Occasional .1 Frequent .2																													
Character of cough	•											•																	
Dry																													
Nasal symptoms																													
None																													
Wheezing or forcing air out																													
None																													
Activity (playing, feeding, and vo	caliz	zing)				•					<u> </u>																	
Quite normal.0Some difficulty.1Moderate difficulty.2Severe difficulty.3																													
Retractions (sucking in of chest w	all)																												
None																													
Sleep disturbance due to cough, w	hee	ze, o	or br	eath	ing	prol	blen	ns																					
None																													
Drugs (No. of doses/24 hours)		7	Weel	ς 1					W	/eek	2					W	/eek	: 3					W	eek/	4				
1.																													
2.																													
3.																													
4.																													
5.																													
6.																													

ASTHMA SYMPTOM DIARY -- VERBAL

Nome						Medical Record Number												Date of Birth												
Name: Medical Record Number: Date of Birth:																														
Month/Year: Has a fever (mark date with *)																														
Date:																														
Coughing					•																									
None0																														Г
Occasional1																														
Frequent	<u> </u>		<u> </u>	<u> </u>	<u> </u>	L	_		<u> </u>		_								_			<u> </u>		<u> </u>			<u> </u>			<u> </u>
Character of cough Dry1	Г	Ι	Г	Т	Т		г	Ι	Г		Ι .	Ι			Г	Г	Г	Π	_	Ι		Г	Г	Ι	Г	Ι	Г	-	Г	_
Productive or wet																														
Croupy (barking seal)3																														
Nasal symptoms																														
None0	Π	Π	Π	Т	Π	Г	Г	Π	Π		Г	Π			Г	Г	Г	Π	Г	Π		Г	Г	Г	Г	Π	Π	Г	Г	Г
Stuffy1																														
Clear Drainage																														
Yellow or green discharge3 Wheezing or forcing air out				<u> </u>	<u> </u>		_																							_
None	Π	Π	Π	Τ	Т	Π	Т	Π	Π		Г	Π		Г	Π	Π	Π	Π	Г	Π		Π	Π	Π	Π	Π	Π		Π	Г
Little1																														
Moderately bad2																														
Severe3				<u> </u>		L																								
Activity level																														
Quite normal																														
Some difficulty																														
Moderate difficulty2 Severe difficulty3																														
Short of breath or chest tight			<u> </u>	<u> </u>	_						_								_			<u> </u>								
None0			Π	Π	Π	Π	Π				П								Π			Г		Г						Г
Occasional1																														
Part of day																														
	1			1	- 41- 11		1.1				<u> </u>								<u> </u>			<u> </u>		<u> </u>						L
Sleep disturbance due to cough,	wne	eeze	, or	bre	atnii	ng p	robi	ems	; 		г	Г			г	Г	Г	Г	г	Г		г	Г	г	Г	Г	г		Г	Т
None																														
Awake2																														
Unable to sleep3	L	L	L	L	L	L	L	L	L		L	L		L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Peak flow																														
Morning																														
After school																														
Drugs (No. of doses/24 hours)			ν	Vee	k 1					W	/eek	2					V	Veel	3					V	Veel	ζ4				
1.																												L		
2.																												L		
3.															Ĺ		Ĺ						Ĺ		Ĺ			\Box	Ĺ	Ĺ
4.																														Ĺ
5.																														
6.																														

HOME PEAK FLOW RECORD

Student Name:		School School									
Personal Best	Pre	edicted									
Peak Flow Zones: Red	Yellow	Green									
Date	Time	Peak Flow	Comments*								
			ļ								

^{*} Space for additional comments on back

ADDITIONAL COMMENTS

Date	Comments