WAKE FOREST PEDIATRIC ASSOCIATES, PLLC
WFPA, KNIGHTDALE PEDIATRIC OFFICE

MY ASTHMA DIARY

NAME: **DOCTOR:** **DOCTOR'S PHONE:**

MONTH_____	**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**
SYMPTOMS	NOTE SEVERITY OF SYMPTOMS: 1 = MILD 2 = MODERATE 3 = SEVERE																														
Coughing																															
Tightness in Chest																															
Shortness of breath																															
Wheezing																															
Waking up at night																															
Difficulty exercising due to asthma																															
Missed school due to asthma																															
Dr. visit due to asthma																															
ER visit due to asthma																															
MEDICATIONS	NOTE NUMBER OF TIMES MEDICATION IS TAKEN ON EACH DAY																														
TRIGGERS	PLACE CHECK MARK BELOW WHEN IN CONTACT WITH ONE OF YOUR POSSIBLE TRIGGERS (i.e. pet, smoke, pollen)																														

PEAK FLOW RESULTS

A.M.																															
P.M																															