Name : _____

Month : _____

Asthma Symptoms Diary

RÉSEAU QUÉBÉCOIS DE L'ASTHME ET DE LA M.P.O.C.

My Asthma Quiz

Every night, I put a checkmark next to the symptoms that affected me **TODAY**.

Today, did I cough, wheeze, or have a hard time breathing…	EX	Days of the 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
1) During **daytime**																																
2) Enough to **wake me up at night**	✓																															
3) Enough to use **my blue pump** (record number of times per day)	✓✓																															
4) Enough to make me do less **physical activity or sports**	✓																															
5) Enough to miss **school**, **regular activities, or work**																																
6) Enough to go to a clinic or a hospital **without an appointment**																																
Number of checkmarks	**4**																															

Today, my asthma is :

The number of checkmarks on ***My Asthma Quiz*** indicates my level of asthma control.

	EX	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
☺ **UNDER CONTROL : 0 or 1** checkmark per day																																
😐 **NOT WELL CONTROLLED : 2 or more** checkmarks per day anytime, or **1 or more** checkmarks per day on 4 or more days in a **7-day period**	✓																															
☹ **OUT OF CONTROL :** My blue pump does not relieve me for at least 4 hours																																

My Asthma Medications*

I record the total number of puffs/pills for each medication that I took **TODAY**.

***Details on back**	EX	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
Control medication: _____ **(To reduce inflammation)**	**2**																															
Relief medication: _____ **(To open airways)**	**0**																															
Other medication: _____ (Antibiotics, oral and nasal steroids)																																
Other medication: _____																																

Other Symptoms/Triggers

I record this information and I put a checkmark if it applies to me **TODAY**.

	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
➤ _____ (ex.: runny nose, contact with allergens)																															
➤ _____																															

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Layout: Jessy Caouette

My peak flow (If my health professional hasn't talked to me about it, then it does not apply to me.)

Date	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
Hour	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
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350																															
300																															
250																															
200																															
150																															
100																															
50																															

Using the peak flow meter :

1. I put the indicator to zero (0).
2. I hold the peak flow meter horizontally.
3. I take a deep breath.
4. I put the mouthpiece in my mouth, and I tighten my lips around it.
5. I blow as **hard** and as **quickly** as possible into the mouthpiece.
6. I do this exercise **3 times**, and I record **the highest reading** value in the **graph**.

Personal notes

Asthma medications :

- The **control medication** stabilizes asthma and prevents asthma symptoms. I should take it everyday as recommended by the doctor. It is often found in an **orange, brown, red or purple pump** or in a **pill**. There are different brands of control medications (e.g.Flovent®, Pulmicort®, Symbicort®, Alvesco®, Advair®, Singulair®, Accolate®, etc.).

- The **relief medication** relieves my asthma symptoms. I should take it only when I have asthma symptoms or before exercising. The relief medication is mostly found in a **blue pump**. There are different brands of relief medications (e.g. Ventolin®, Bricanyl®, Airomir®, etc.).

For more information on asthma, I may contact *le Réseau québécois de l'asthme et de la MPOC*
Web site : www.rqam.ca
Phone number : 1 877 441-5072
My health care professional : _____

Adresso graph