

Symptom Diary

Print this form and record your symptoms each week to keep your doctor informed about your progress.

DATE	RATE YOUR SYMPTOMS	TRIGGERS	MEDICINE TAKEN	PEAK FLOW		COMMENTS
	1= MILD 2= MEDIUM 3= SEVERE			AM	PM	
	<input type="checkbox"/> Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chest tightness <input type="checkbox"/> Other: _____					
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For more asthma resources, please visit ASTHMyths.com.

