

# FACTSHEET

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child. If you would like to provide feedback on this fact sheet, please visit: [www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form](http://www.schn.health.nsw.gov.au/parents-and-carers/fact-sheets/feedback-form).

## Daily asthma symptoms diary

Name: \_\_\_\_\_

Every evening (for each symptom below) record the number (0, 1, 2, or 3) that best matches how you/your child felt in the last 24 hours. *(Please photocopy as required)*

SYMPTOMS	Date																		
<i>Sleep disturbance due to asthma</i>	<b>Write number in box</b>																		
Slept well last night (no asthma)	0																		
Slept well but tended to wheeze or cough	1																		
Woke up twice or more with wheeze or cough	2																		
Bad night, mostly awake with asthma	3																		
<i>Cough</i>	<b>Write number in box</b>																		
None	0																		
Occasional	1																		
Frequent	2																		
Most of the time	3																		
<i>Wheeze</i>	<b>Write number in box</b>																		
None	0																		
Mild	1																		
Moderate	2																		
Severe	3																		

<b>SYMPTOMS</b>	<b>Date</b>																
<i>Breathlessness on exertion</i>	<b>Write number in box</b>																
None	0																
Mild	1																
Moderate	2																
Severe	3																
<i>Runny, snuffly or blocked nose</i>	<b>Write number in box</b>																
None	0																
Mild	1																
Moderate	2																
Severe	3																
<i>Reliever Medication</i>	<b>Record the number of times Reliever medication was used during the last 24 hours.</b>																
1. 12 midnight to 12 noon																	
2. 12 noon to 12 midnight																	

*'Daily Asthma Symptoms Diary' developed by Hunter New England kidshealth network*