

Daily Asthma Diary for _____

By monitoring asthma symptoms and practicing self-management, people with asthma can live free of asthma symptoms. An important part of learning to control asthma is keeping a Daily Asthma Diary. The asthma diary is used to:

- Record daily peak expiratory flow (PEF) readings and asthma symptoms
- Compare PEF readings with asthma zones
- Keep track of how often rescue medications are used

Recording this information will help you become aware of early signs of asthma episodes. Your doctor will also use this diary to evaluate how well your treatment plan is working.

How to keep a daily asthma diary

First, record the asthma zones so that you can refer to them easily.

Green Zone: Asthma is well controlled. You have no asthma symptoms. You can complete regular activities and sleep without coughing, wheezing or difficulty breathing. Your PEF is 80 to 100 percent of personal best.

My green zone is _____ to _____.

Yellow Zone: Asthma is flaring up or is poorly controlled. Cough, wheeze, shortness of breath or chest tightness may be present. Your PEF is 50 to 80 percent of personal best.

My yellow zone is _____ to _____.

Red Zone: A severe flare-up or medical emergency. Symptoms are frequent cough, severe shortness of breath, trouble talking, rapid breathing, wheezing, and difficulty sleeping. *Start emergency asthma medication immediately and call your asthma care provider. If your symptoms do not improve after starting the medication, go to the emergency room.*

My red zone is _____.

My controller medication is _____.

My rescue medication is _____.

To complete the diary:

1. Fill in the date each day.
2. Fill in your peak expiratory flow (PEF) reading using the peak flow meter (PFM) twice a day. Measure PEF before taking asthma medications.
3. Compare your PEF readings to the asthma zones listed above. Follow instructions in your Asthma Action Plan.
4. Answer the medication, symptom, and other questions.

Asthma Diary #0000	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Did you go to school today?	Y N	Y N	Y N	Y N	Y N		
If NO, why not?							
If YES, how was it? (Please circle one.)	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹		
What was your morning PEF reading?							
What was your evening PEF reading?							
What time did you take your controller medication?							
How many puffs of rescue MDI/DPI did you use?							
How much did you cough?	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹
How much did you wheeze?	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹
Were you short of breath?	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹
Was your chest tight?	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹
Did you have trouble sleeping?	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹	☺ ☹
Did you call your asthma care provider?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you go to your asthma care provider?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you go to the emergency department?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Did you stay overnight in the hospital?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Were your medications changed?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
*If yes, please explain. If you need more room, write on the back of this sheet.							