

REMEMBER TO FILL IN EVERY DAY
on getting up ☀ and going to bed ☾

| START 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 |
|------------|---|-----------------------------|----------|------|----|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| SYMPTOMS | Fill in at ☉ | Night time cough / wheeze | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Daytime wheeze | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fill in at ☾ | Daytime shortness of breath | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Daytime cough | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICINE | Fill in at ☾ | 1 | Medicine | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Record number of times each medicine taken in 24 hours | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PEAK FLOW | a.m. ☉ | 600 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | | | | | | |
| | p.m. ☾ | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Blow into Peak Flow Meter three times and mark a cross in the graph against the score for best reading. | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Try to measure your Peak Flow in the ☉ and ☾ at the same time each day. | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Measure your Peak Flow before taking your medicines. | 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | My best Peak Flow | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | is _____ | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS | <hr/> <hr/> <hr/> <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMEMBER TO FILL IN EVERY DAY
on getting up ☀ and going to bed ☾

| START 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 |
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| SYMPTOMS | Fill in at ☉ | Night time cough / wheeze | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Daytime wheeze | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fill in at ☾ | Daytime shortness of breath | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Daytime cough | Yes | ✓ | No | ✗ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICINE | Fill in at ☾ | 1 | Medicine | Dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PEAK FLOW | a.m. ☉ | 600 | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | | | | | |
| | p.m. ☾ | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Blow into Peak Flow Meter three times and mark a cross in the graph against the score for best reading. | 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Try to measure your Peak Flow in the ☉ and ☾ at the same time each day. | 450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Measure your Peak Flow before taking your medicines. | 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | My best Peak Flow | 350 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | is _____ | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 250 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS | <hr/> <hr/> <hr/> <hr/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |