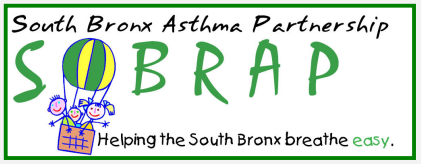
My Asthma Diary: _____

Answer these questions every day:

1. Did my child cough last night?
2. Did my child need the quick-relief inhaler?
3. Did my child have difficulty with exercise or activity?



Remember to bring this Asthma Diary to the next doctor's appointment!

Use these symbols to record any other symptoms your child had.

Symptoms:

☀ Day Wheezing ☾ Night Wheezing ⌒ Day Coughing □ Stuffy Nose ○ Runny Nose △ Sneezing ⬭ Itchy Eyes

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
I____	I____	I____	I____	I____	I____	I____
I____	I____	I____	I____	I____	I____	I____
I____	I____	I____	I____	I____	I____	I____
I____	I____	I____	I____	I____	I____	I____
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