Week 1

	Day of the week	M	T	W	T	F	S	S
Warning symptoms	Used reliever inhaler							
	Had asthma symptoms such as shortness of breath, tight chest, coughing or wheezing							
	Waking at night with asthma symptoms							
	Feeling like you can't keep up with your normal day-to-day activities							

	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
800														
780														
760														
740														
720														
700														
680														
660														
640														
620														
600														
580														
560														
540														
520														
500														
480														
460														
440														
420														
400														
380														
360														
340														
320														
300														
280														
260														
240														
220														
200														
180														
160														
140														
120														

Weekly comments: anything unusual this week that might have resulted in a lower score? e.g. 'I was stressed', 'I exercised', 'I came into contact with a pet'.

Week 2

M	T	W	T	F	S	S

AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Feel free to photocopy empty pages to add them to your diary or download more from our resources section at **asthma.org.uk/advice/resources**