

Asthma flare-up diary for children [©]

INSTRUCTIONS : Please use this diary to record any asthma symptoms your child has experienced during the past 24 HOURS. Complete this diary EVERY EVENING for a TOTAL OF 10 DAYS.

While symptoms may vary during the course of the day, please answer EACH question by DARKENING only the circle that you feel BEST DESCRIBES what you have OBSERVED in your child over the past 24 hours.

Today's date: _ _ / _ _ / _ _ _ _ <div style="text-align: center; font-size: small;"> D D M M Y Y Y Y </div>														
Please state HOW OFTEN your child has experienced each of the following symptoms in the last 24 hours :														
	Not at all		Half of the time			All of the time		Cannot answer						
	1	2	3	4	5	6	7	8						
Coughing	<input type="radio"/>													
Wheezing/whistling in the chest	<input type="radio"/>													
Loud breathing	<input type="radio"/>													
Fast breathing	<input type="radio"/>													
Gasping for air	<input type="radio"/>													
Stomach pushing out with each breath	<input type="radio"/>													
Skin pulling in the neck/throat	<input type="radio"/>													
Please state the DEGREE to which each symptom has been a PROBLEM observed in your child in the last 24 hours:														
	Not at all		Moderately			Extremely		Cannot answer						
	1	2	3	4	5	6	7	8						
Coughing	<input type="radio"/>													
Sleep disturbed by cough, wheeze or difficulty breathing	<input type="radio"/>													
Decrease in energy level	<input type="radio"/>													
Unwilling to move around (e.g. wants to be carried)	<input type="radio"/>													
Loss of appetite	<input type="radio"/>													
Requesting more attention and/or extra care	<input type="radio"/>													
Irritable/ cranky/ fussy	<input type="radio"/>													
Does not respond as well to Ventolin as usual	<input type="radio"/>													
Does not respond as rapidly to Ventolin as usual	<input type="radio"/>													
The effect of Ventolin does not last as long as usual	<input type="radio"/>													
Have you noticed an improvement or a worsening of your child's asthma over the past 24 hours? <i>(please circle one number only)</i>														
-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7
A great deal worse		Moderately worse			Hardly any worse		SAME	Hardly better		Moderately better			A great deal better	