Y=Yes N=No 5=Severe 0=None Symptoms Rate Your Which medications did Missed work or school today? Exercise Related
Symptoms cough/wheezing Cough you take today? medical visit today? Required an unplanned Nasal Symptoms S=stuffy R=runny D=drainage Minutes of exercise Interrupted Sleep Shortness of Breath or Chest Tightness Month Wheezing 5 6 11 12 13 14 15 16 18 19 20 22 23 24 25 29 31

Asthma Tracker

Name