Asthma

Daily Diary

Asthma Daily Diary

Asthma is a chronic lung disease that inflames and narrows the airways. This can cause symptoms like wheezing, coughing, tightness of the chest, and trouble breathing. You can live a healthy and active life as long as you keep it under control. You can control your asthma by knowing the warning signs of an attack, staying away from irritants, and following the advice of your health care provider.

Sometimes we have the best intentions to make lifestyle changes but time restrictions, family members or health issues can push us off track. Keeping a journal is a good way to help you reflect on your priorities, record your progress and identify areas to improve on. Each day, take a moment and choose a time that is convenient for you.

Pages 2, 3 and 4 of this document will show you how to use this daily diary and provide an example.

Pages 5, 6 and 7 are the forms you will print and use on a weekly basis.

How to use this daily diary

This journal is your tool to help you control your asthma effectively.
In your diary, track flare-ups, medication side effects, triggers, or write down questions for your next doctor's appointment. In addition, record your:

1. Weekly goals: Create a goal at the beginning of each week.
2. Symptoms: Indicate if you experienced asthma symptoms and how severe they were.
3. Peak flow readings: Measure and record your peak flow in the morning and evening.
4. Medications used: Indicate the type of medication used each day and how many times you needed to use your rescue medications.

Your Treatment Goals

1. Be free from severe symptoms day and night, including sleeping through the night.
2. Have the best possible lung function.
3. Be able to participate fully in any activity you choose.
4. Not miss work or school due to asthma symptoms.
5. No emergency visits or hospitalizations due to asthma.
6. Use asthma medications to control asthma, with few side effects.
7. Other:_____

Your Asthma Medications

Medication Name	Dosage	How often	Type (preventive/rescue)

The following two pages contain examples of how to use this diary.

Week of: October 23

Asthma Symptoms

Check boxes below to indicate when you experienced symptoms and their severity.

	Cough		Wheeze		Fatigue		Breathing Problems	
	Day	Night	Day	Night	Day	Night	Day	Night
Monday	☐ Low ☐ Medium ☑ Severe	☐ Low ☐ Medium ☑ Severe	☐ Low ☐ Medium ☑ Severe	☐ Low ☐ Medium ☑ Severe	☐ Low ☑ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☑ Severe	☐ Low ☐ Medium ☑ Severe
Tuesday	☑ Low ☐ Medium ☐ Severe	☐ Low ☑ Medium ☐ Severe	☐ Low ☑ Medium ☐ Severe	☐ Low ☑ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☑ Medium ☐ Severe	☐ Low ☑ Medium ☐ Severe
Wednesday	☐ Low ☐ Mec ☐ Sev	↑Symptomatic day example					v dium ere	☐ Low ☐ Medium ☐ Severe
Thursday	☐ Low ☐ Mec ☐ Severe	Non symptomatic day example↓					v dium Severe	☐ Low ☐ Medium ☐ Severe
Friday	☑ Low ☐ Medium	☐ Low ☐ Medium	☐ Low ☐ Medium	☑ Low ☐ Medium	☐ Low ☐ Medium	☐ Low ☐ Medium	☐ Low ☐ Medium	☑ Low ☐ Medium

Peak Flow Readings

Record your daily peak flow readings.

	AM	Mid-Day	PM	Late	Other
Monday	100	110	150	—	—
Tuesday	175	175	180	—	—
Wednesday					
Thursday					
Friday	250	—	275	—	—

PRESCRIPTION

Rx

Please follow your doctor's recommendations for checking your peak flow readings.

Medication Use

Check the medications you used each day and how often you used them.

	Maintenance	Rescue	Nebulizer	Other
Monday	☑ AM ☑ PM	☑ ☑ ☑ ☑ ☑ ☑ 6 doses	☑ AM ☑ PM	—
Tuesday	☑ AM ☑ PM	☑ ☑ ☑ ☑ ☑ ☐ 5 doses	☑ AM ☑ PM	Steroids
Wednesday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐	☐ AM ☐ PM	Steroids
Thursday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐	☐ AM ☐ PM	Steroids
Friday	☑ AM ☑ PM	☑ ☐ ☐ ☐ ☐ ☐ 1 dose	☐ AM ☐ PM	Steroids

Diary

Week October 23

Monday Developed cold, saw doctor that afternoon, prescribed antibiotics and steroids.

Tuesday Started steroids that morning.

Goal Tracking Form

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-bound **(SMART)** goals.

Directions: Fill in your weekly lifestyle (behavior) goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date: October 23 **Week #:** 3

Goals:

1. For the week of October 23rd, I will take daily peak flow readings and record in the diary beginning on October 24.
2.
3.

Write down how successful you were this week:

Overall I was able to do a few days but wasn't 100% compliant.

List anything that may have prevented you from reaching your goal:

Sickness and being very tired prevented me from doing them daily.

Write down possible solutions to overcome the obstacles listed above:

Next time I am sick I will keep it near me so I don't have to get up to get it.

Week of:_____

Asthma Symptoms

Check boxes below to indicate when you experienced symptoms and their severity.

	Cough		Wheeze		Fatigue		Breathing Problems	
	Day	Night	Day	Night	Day	Night	Day	Night
Monday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe
Tuesday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe
Wednesday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe
Thursday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe
Friday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe
Saturday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe
Sunday	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe	☐ Low ☐ Medium ☐ Severe

Peak Flow Readings

Record your daily peak flow readings.

	AM	Mid-Day	PM	Late	Other
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

PRESCRIPTION

Rx

Please follow your doctor's recommendations for checking your peak flow readings.

Medication Use

Check the medications you used each day and how often you used them.

	Maintenance	Rescue	Nebulizer	Other
Monday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	
Tuesday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	
Wednesday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	
Thursday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	
Friday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	
Saturday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	
Sunday	☐ AM ☐ PM	☐ ☐ ☐ ☐ ☐ ☐ _____	☐ AM ☐ PM	

Diary

Week _____

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Goal Tracking Form

Set **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-bound **(SMART)** goals.

Directions: Fill in your weekly lifestyle (behavior) goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date: **Week #:**

Goals:

1. _____
2. _____
3. _____
4. _____

Write down how successful you were this week:

_____

_____

_____

List anything that may have prevented you from reaching your goal:

_____

_____

_____

Write down possible solutions to overcome the obstacles listed above:

_____

_____

_____

HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

www.tricare-west.com

Find us on facebook:
healthnetfederalservices

PH0219x027 (12/21)