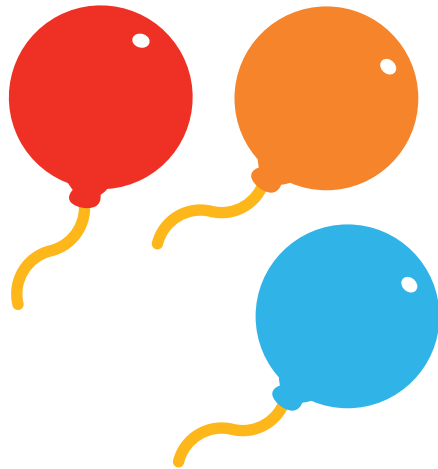


# My Wheeze Symptom Diary

Information for patients, parents  
and carers



---

leeds children's  
hospital

---

caring about children

Name:.....

**Your symptoms (tick if yes)**

Day and Night-time Questions	Week 1 Date:.....								W
	MON	TUE	WED	THU	FRI	SAT	SUN		MON
1. Did you cough today?								1	
2. Did you wheeze today?								2	
3. Were you short of breath today?								3	
4. Did your asthma affect your normal activity?								4	
5. Did your asthma wake you in the night?								5	
6. How many doses of salbutamol have you used today?								6	

Day and Night-time Questions	Week 3 Date:.....								W
	MON	TUE	WED	THU	FRI	SAT	SUN		MON
1. Did you cough today?								1	
2. Did you wheeze today?								2	
3. Were you short of breath today?								3	
4. Did your asthma affect your normal activity?								4	
5. Did your asthma wake you in the night?								5	
6. How many doses of salbutamol have you used today?								6	

**Contact Numbers**

**Leeds General Infirmary** Main Switch board - Tel: 0113 243 2799

Week 2 Date:.....							Week 3 Date:.....						
TUE	WED	THU	FRI	SAT	SUN		MON	TUE	WED	THU	FRI	SAT	SUN
						1							
						2							
						3							
						4							
						5							
						6							

Week 4 Date:.....							Week 5 Date:.....						
TUE	WED	THU	FRI	SAT	SUN		MON	TUE	WED	THU	FRI	SAT	SUN
						1							
						2							
						3							
						4							
						5							
						6							

Useful website

[www.asthma.org.uk](http://www.asthma.org.uk)

## Your symptoms (tick if yes)

Day and Night-time	Week 7 Date:.....						
Questions	MON	TUE	WED	THU	FRI	SAT	SUN
1. Did you cough today?							
2. Did you wheeze today?							
3. Were you short of breath today?							
4. Did your asthma affect your normal activity?							
5. Did your asthma wake you in the night?							
6. How many doses of salbutamol have you used today?							

Day and Night-time	Week 8 Date:.....						
Questions	MON	TUE	WED	THU	FRI	SAT	SUN
1. Did you cough today?							
2. Did you wheeze today?							
3. Were you short of breath today?							
4. Did your asthma affect your normal activity?							
5. Did your asthma wake you in the night?							
6. How many doses of salbutamol have you used today?							