

Month:		Week One							Week Two							Week Three							Week Four							Week Five							
During the Day		Date:	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
Asthma/Wheeze Symptoms		None - not affected by asthma																																			
		Mild - active sport/play affected by asthma																																			
		Moderate - informal play affected by asthma																																			
		Severe - all activity restricted by asthma																																			
		Number of times reliever used																																			
During the Night																																					
		None - slept well																																			
		Mild - woke once due to asthma																																			
		Moderate - woke more than once with asthma																																			
		Severe - unable to sleep																																			
		Number of times reliever used																																			
		Runny nose/sore throat																																			
		GP Visits																																			
		Prednisolone																																			
		Missed School/child care																																			
Comments/Triggers:																																					

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