

Asthma Symptom Tracker

Date:

Personal Information

Name:

Age:

Symptoms Log

1. Breathing Difficulty

Severity (1-10):

2. Coughing

Severity (1-10):

3. Wheezing

Severity (1-10):

4. Chest Tightness

Severity (1-10):

Medication Tracker

Did you take your prescribed medication today?

Yes No

Additional Comments

Signature

Your Signature