



Symptom Monitoring Calendar

Triggering Factors:

- A - Activity
- B - Animal Exposure
- C - Smoke or Irritant
- D - Allergy Injection
- E - Other

Scoring:

- 1 = Mild
- 2 = Moderate
- 3 = Severe

Month _____
 Year _____

Name _____
 Birthdate _____

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---------------------|----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Wheezing | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coughing | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eyes | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nose | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Others | AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Infections or colds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggering factors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medications (list) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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