



VIRGINIA PEDIATRIC GROUP, LTD








Asthma Symptoms Calendar

Name: _____ DOB: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Legend:
 = Used Controller
X = Used Rescue Inhaler (list trigger for rescue inhaler)
 = Coughing or Wheezing

EXAMPLE:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	 Friend's Cat			 X Friend's Cat		

If you use your rescue inhaler > 2x a day or 2x a week please make an appointment to see your doctor.