

DIARY CARD

Subject ID: 2 _____

Subject Initials: _____

Return Visit Number: _____

Return Visit Date: _____ / _____ / _____
month day year

	Day 1: _____	Day 2: _____	Day 3: _____	Day 4: _____	Day 5: _____	Day 6: _____	Day 7: _____
Date	<input type="text" value="DMONTH"/> ____/____ month day	<input type="text" value="DDAY"/> ____/____ month day	<input type="text" value="DDAY"/> ____/____ month day	<input type="text" value="DDAY"/> ____/____ month day	<input type="text" value="DDAY"/> ____/____ month day	<input type="text" value="DDAY"/> ____/____ month day	<input type="text" value="DDAY"/> ____/____ month day
MORNING EVALUATION							
1. Number of times that you woke up last night due to asthma	<input type="text" value="DRY_01"/> _____	_____	_____	_____	_____	_____	_____
2. Time of AM Peak Flow	<input type="text" value="DRY_02"/> ____:____	____:____	____:____	____:____	____:____	____:____	____:____
3. AM Peak Flow (liters/min)** recorded first thing in the morning	<input type="text" value="DRY_03"/> _____	_____	_____	_____	_____	_____	_____
NIGHT-TIME EVALUATION							
4. Time of PM Peak Flow	<input type="text" value="DRY_04"/> ____:____	____:____	____:____	____:____	____:____	____:____	____:____
5. PM Peak Flow (liters/min)** recorded before bedtime	<input type="text" value="DRY_05"/> _____	_____	_____	_____	_____	_____	_____
6. Total number of puffs of Azmacort® inhaler in past 24 hours	<input type="text" value="DRY_06"/> _____	_____	_____	_____	_____	_____	_____
7. Total number of puffs of Ventolin® (RESCUE) inhaler in past 24 hours	<input type="text" value="DRY_07"/> _____	_____	_____	_____	_____	_____	_____

** Record the best of three attempts. Record 0 if you have taken any Ventolin® (RESCUE) inhaler medication in the last two hours.

SYMPTOM SEVERITY RATING SCALE

SYMPTOMS (to be completed before bedtime)
Please rate the severity of your symptoms by filling in a number for each symptom for each day based on the symptom severity rating scale. Make a general decision about how severe each symptom was over the last 24 hours.

- 0 = Absent** No symptom.
- 1 = Mild** Symptom was minimally troublesome, i.e. not sufficient to interfere with normal daily activity or sleep.
- 2 = Moderate** Symptom was sufficiently troublesome to interfere with normal daily activity or sleep.
- 3 = Severe** Symptom was so severe as to prevent normal activity and/or sleep.

8. Shortness of Breath	<input type="text" value="DRY_08"/>						
9. Chest Tightness	<input type="text" value="DRY_09"/>						
10. Wheezing	<input type="text" value="DRY_10"/>						
11. Cough	<input type="text" value="DRY_11"/>						
12. Phlegm/Mucus	<input type="text" value="DRY_12"/>						