

My Asthma Calendar/Diary

Month: _____ Name: _____

Goal: _____

Use this calendar to record:



Your asthma symptoms



When you take your medicine(s)

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--|--------|---------|-----------|----------|--------|----------|--------|
| Week 1 | | | | | | | | |
| | | | | | | | | |
| Week 2 | | | | | | | | |
| | | | | | | | | |
| Week 3 | | | | | | | | |
| | | | | | | | | |
| Week 4 | | | | | | | | |
| | | | | | | | | |

Remember to bring all your asthma medicine and devices to every asthma appointment, even if you are not taking them right now.



For more information visit www.ucalgary.ca/icancontrolasthma

