



Symptom and Inhaler Diary

This diary belongs to:	
Study number:	

STUDY CONTACT INFORMATION: Michael Cousins, Kylie Hart Tel: 029 2074 4187

How to complete your diary

1. If you have any breathing symptoms, tick the box

												S	ympt	oms
				U	se a ti	ck (🗸)	to sh	ow wh	nen yo	ou hav	e brea	thing	symp	toms
	М	on	Tu	ies	W	ed	Th	urs	F	ri	S	at	Sı	un
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough	~													
Wheeze			~											
Breathing problems			/											

2. If you need to take your reliever inhaler, you can tell us how many puffs in the next box

										Rel	iever (l	blue) ir	nhaler
	Write	a numb	oer to sh	now how	w many	puffs y	ou took	from y	our relie	ever inh	aler (if y	ou need	ded to)
М	Mon Tues Wed Thurs Fri Sat Sun												
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
	_	2											_

3. Record the number shown on the peak flow metre (the best result of 3 go's). Remember, you need to blow as hard and as fast as you can! Peak flows are often lower in the morning

												Peak	flows
		١	Write th	e numb	er from	the pea	ak flow	metre r	eading l	oelow (t	the best	one of	3 go's)
M	on	Tu	ies	W	ed	Th	urs	F	ri	S	at	Sı	ın
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
213	222												

4. If you need to take any other medicines, you can let us know which medicine and how often you took it

					O	ther me	dicines
Use this box to let us know abo	out any o	ther med	icines yc	u took a	nd how r	many tim	es a day
Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Paracetamol 500mg			1				

- 5. Please fill in one page of the diary for each week you take the inhalers there are some spare pages if you need to take it for a bit longer
- 6. If there is anything else you would like to tell us (for example if you went to the hospital or doctors), you can tell us at the back of the diary

Date	Information
01/12/2016	Went to the GP for symptoms of chest infection

7. Please bring the diary back to the research unit when you come for your 1st visit. You can contact us with any questions on 029 2074 4187

Thank you!

Week: 1

												S	ympt	oms
				U	se a ti	ck (🗸)	to sh	ow wh	nen yo	ou hav	e brea	thing	symp	toms
	M	on	Tu	ies	W	ed	Th	urs	F	ri	S	at	Sı	un
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

										Rel	iever (l	blue) ir	nhaler
	Write	a numb	per to sh	now how	w many	puffs y	ou took	from y	our relie	ever inh	aler (if y	ou need	ded to)
M	on	Tu	ies	W	ed	Th	urs	F	ri Sat			Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
										_			

												Peak	flows
		١	Write th	e numb	er from	the pea	ak flow	metre r	eading b	oelow (1	he best	one of	3 go's)
M	on	Tu	es	W	ed	Th	urs	F	ri	S	at	Sı	un
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

oout any o	ther med	licines yc	ou took a	nd how r	many tim	es a day
Mon	Tues	Wed	Thurs	Fri	Sat	Sun
					pout any other medicines you took and how r	Mon Tues Wed Thurs Fri Sat

Week: 2

												S	ympt	oms
				U	se a ti	ck (🗸)	to she	ow wh	nen yo	ou hav	e brea	athing	symp	toms
	M	on	Tu	ies	W	ed	Th	urs	F	ri	S	at	Sı	un
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

	Write	a numb	per to sh	now ho	w many	puffs y	ou took	from y	our relie	ever inh	aler (if y	ou need	ded to)	
М	Mon Tues Wed Thurs Fri Sat Sun													
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	

Peak flows

		١	Write th	e numb	er from	the pea	ak flow	metre r	eading l	oelow (t	he best	one of	3 go's)
М	Mon Tues We					Th	urs	F	ri	S	at	Sı	ın
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know abo	ut any of	ther med	licines yc	u took a	nd how r	nany tim	es a day
Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

												S	ympt	oms
				U	se a ti	ck (🗸)	to she	ow wh	nen yo	ou hav	e brea	thing	symp	toms
	M	on	Tu	ies	W	ed	Th	urs	F	ri	S	at	Sı	un
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

										Rel	iever (blue) ir	nhaler
	Write	a numb	er to sh	now how	w many	puffs y	ou took	from y	our relie	ever inh	aler (if y	ou need	ded to)
М	on	Tu	es	Wed Thurs Fri Sat Sun									un
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

												Peak	flows
		١	Write th	e numb	er from	the pea	ak flow	metre r	eading b	pelow (1	the best	one of	3 go's)
М	on	Tu	es	W	Wed Thurs Fri Sat						Sı	ın	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Use this box to let us know abo	out any o	ther med	licines vo	ou took a		ther me	
Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Week: 4

												S	ympt	oms
				U	se a ti	ck (🗸)	to sh	ow wh	nen yo	ou hav	e brea	athing	symp	toms
	M	on	Tu	ies	W	ed	Th	urs	F	ri	S	at	Sı	un
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

	Write	a numb	per to sh	now how	w many	puffs y	ou took	from y	our relie	ever inh	aler (if y	ou need	ded to)
Mon Tues Wed Thurs Fri Sat Sun													
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

		١	Write th	e numb	er from	the pea	ak flow	metre r	eading l	oelow (t	the best	one of	3 go's)
M	on	Tu	es	W	ed	Th	urs	F	ri	S	at	Sı	ın
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know abo	ut any o	ther med	icines yo	u took a	nd how r	nany tim	es a day
Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

												S	ympt	oms
				U	se a ti	ck (🗸)	to sh	ow wh	nen yo	ou hav	e brea	athing	symp	toms
	М	on	Tu	es	W	ed	Th	urs	F	ri	S	at	Sı	un
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

										Rel	iever (l	blue) ir	haler
	Write	a numb	er to sh	now how	w many	puffs y	ou took	from y	our relie	ever inh	aler (if y	ou need	ded to)
M	Mon Tues Wed Thu		urs	F	ri	S	at	Sı	ın				
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

												Peak	flows
		١	Write th	e numb	er from	the pea	ak flow	metre r	eading b	oelow (1	he best	one of	3 go's)
M	on	Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

					0	ther me	dicines
Use this box to let us know abo	out any o	ther med	licines yc	ou took a	nd how r	many tim	es a day
Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

												S	ympt	oms
				U	se a ti	ck (🗸)	to sh	ow wł	nen yo	ou hav	e brea	athing	symp	toms
	М	on	Tu	ies	V	ed	Th	urs	F	ri	S	at	Su	ın
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

										Rel	iever (blue) ir	nhaler
	Write a number to show how many puffs you took from your reliever inhaler (if you needed to)												
М	on	Tu	Tues Wed		ed	Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

												Peak	flows
		١	Write th	e numb	er from	the pea	ak flow	metre r	eading l	pelow (t	he best	one of	3 go's)
М	on	Tues		Wed		Th	Thurs		Fri		Sat		ın
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

						ther me	
Use this box to let us know abo	out any o	ther med	icines yo	u took a	nd how r	many tim	es a day
Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Further Information

Date	Details

Further Information

Date	Details

Further Information

Date	Details