



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

Symptoms														
Use a tick (✓) to show when you have breathing symptoms														
	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	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

Reliever (blue) inhaler													
Write a number to show how many puffs you took from your reliever inhaler (if you needed to)													
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													
Write the number from the peak flow metre reading below (the best one of 3 go's)													
Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
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

Other medicines							
Use this box to let us know about any other medicines you took and how many times 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

Symptoms

Use a tick (✓) to show when you have breathing symptoms

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

Write a number to show how many puffs you took from your reliever inhaler (if you needed to)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

Write the number from the peak flow metre reading below (the best one of 3 go's)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know about any other medicines you took and how many times a day

Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Week: 2

Symptoms

Use a tick (✓) to show when you have breathing symptoms

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

Write a number to show how many puffs you took from your reliever inhaler (if you needed to)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

Write the number from the peak flow metre reading below (the best one of 3 go's)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know about any other medicines you took and how many times a day

Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Week: 3

Symptoms

Use a tick (✓) to show when you have breathing symptoms

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

Write a number to show how many puffs you took from your reliever inhaler (if you needed to)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

Write the number from the peak flow metre reading below (the best one of 3 go's)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know about any other medicines you took and how many times a day

Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Week: 4

Symptoms

Use a tick (✓) to show when you have breathing symptoms

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

Write a number to show how many puffs you took from your reliever inhaler (if you needed to)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

Write the number from the peak flow metre reading below (the best one of 3 go's)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know about any other medicines you took and how many times a day

Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Week: 5 (if needed)

Symptoms

Use a tick (✓) to show when you have breathing symptoms

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

Write a number to show how many puffs you took from your reliever inhaler (if you needed to)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

Write the number from the peak flow metre reading below (the best one of 3 go's)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know about any other medicines you took and how many times a day

Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Week: 6 (if needed)

Symptoms

Use a tick (✓) to show when you have breathing symptoms

	Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Cough														
Wheeze														
Breathing problems														

Reliever (blue) inhaler

Write a number to show how many puffs you took from your reliever inhaler (if you needed to)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Peak flows

Write the number from the peak flow metre reading below (the best one of 3 go's)

Mon		Tues		Wed		Thurs		Fri		Sat		Sun	
Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night

Other medicines

Use this box to let us know about any other medicines you took and how many times a day

Name of medicine	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

