Pay attention to your child’s asthma symptoms and triggers

Kids can’t always make all their asthma symptoms known—especially during a doctor’s visit—so the doctor may rely on you to report on your child’s symptoms. This asthma symptom tracker will help you keep track of your child’s asthma symptoms and triggers between doctor’s visits.

Simply print out this form, monitor your child’s asthma symptoms and triggers, and discuss them with your doctor.

**Important:** If any of these symptoms seem severe, contact your child’s doctor immediately.

### My Child’s Asthma Symptoms

<table>
<thead>
<tr>
<th>Changes since your child’s last doctor visit</th>
<th>More often</th>
<th>About the same</th>
<th>Less often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coughing</td>
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<tr>
<td>Wheezing</td>
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<tr>
<td>Rapid breathing/shortness of breath</td>
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<tr>
<td>Tightness in chest/complains of chest hurting</td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Sluggishness; avoids strenuous play</td>
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<td></td>
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<tr>
<td>Restlessness during sleep</td>
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<tr>
<td>Unusual paleness</td>
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<td></td>
<td></td>
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<tr>
<td>Sweating or anxiety</td>
<td></td>
<td></td>
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<tr>
<td>Using rescue (quick relief) medicine*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missed days at daycare/pre-school/school</td>
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</tbody>
</table>

*If your child is using rescue medicine, like albuterol, more than twice a week, then his or her asthma may not be as well controlled as you think.*
Have there been any times when your child’s asthma symptoms were a lot worse than usual?

No______  Yes______

Do your child’s asthma symptoms seem to be worse during the day, night, or when exercising/playing? (Check all that apply)

Day______  Night_______  During exercise/play ______

**My Child’s Asthma Triggers**

Check off the triggers that may be causing your child’s asthma symptoms

**Allergens**

- Tree/Grass/Weed Pollens
- Foods
- Molds

**Irritants**

- Strong Odors/Perfumes
- Paints or Varnishes
- Tobacco Smoke
- Cooking Fumes
- Household Cleaners

**Other Triggers**

- Colds or Viral Infections
- Reflux Disease/Heartburn
- Vigorous Activity/Exercise
- Food additive like sulfites

Other triggers: __________________________________________________________

__________________________________________________________________________

Have there been any changes in your child’s home or school environment (new pet, new cleaning products, new pillow or blanket, smoke from a fireplace or wood burning stove, recent use of pesticides or paint at home or school, etc.)?

No_______  Yes_______

How many days in the past week has your child used, or thought about using, his or her inhaled rescue (quick-relief) medicine?__________________________
