All About Me:

Name:

Age:

Date of Birth:

Hospital Number:

This chart is VERY important. If you find it, please return it to:

My Triggers
Tick which triggers affect your asthma.

- Fur and Feathers
- Coughs and Colds
- Cigarettes
- Cold Weather
- Dust
- Pollen, Grass, and Trees
- Exercise
- Air Pollution
- Feelings
- Moulds and Spores

My Asthma Nurse/Doctor:

Draw your nurse/doctor here.

Name:

@:  

Visit www.allergyuk.org for more information on allergies.
### My Symptoms

**Example**

<table>
<thead>
<tr>
<th>Day</th>
<th>Did you cough today?</th>
<th>Did you wheeze today?</th>
<th>Did your asthma affect your normal activity?</th>
<th>Did your asthma wake you up last night?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### My Treatment

**Example**

<table>
<thead>
<tr>
<th>Medicine Name</th>
<th>Day AM</th>
<th>Day PM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salbutamol (reliever)</strong></td>
<td>1 2</td>
<td>3 1</td>
</tr>
</tbody>
</table>

Your feedback is invaluable in helping us to update and continually improve our Monkey Wellbeing literature. Please e-mail feedback@monkeywellbeing.com with any suggestions or comments you have.

www.monkeywellbeing.com