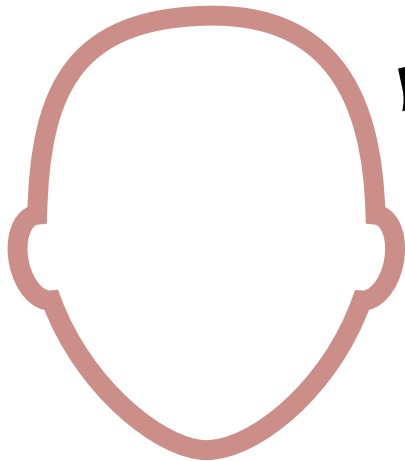


All About Me:

Draw yourself
here



Name:

Age:

Date of Birth:

Hospital Number:

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

For more information about asthma
please visit: <http://www.asthma.org.uk/>



@monkeywellbeing



Monkey Wellbeing

Devised by MonkeyWellbeing and Whittington Health.

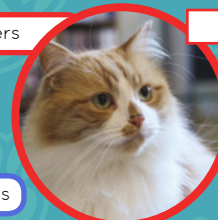
ZMON0046v1

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



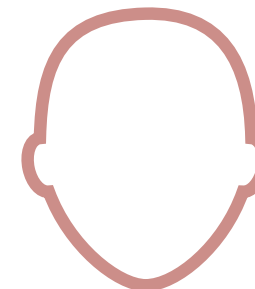
Moulds and
Spores



Monkey's Symptom Diary

Draw your
nurse/doctor
here.

My Asthma
Nurse/Doctor:



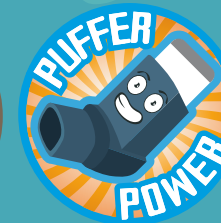
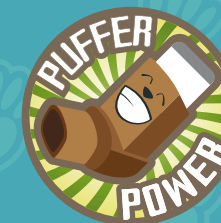
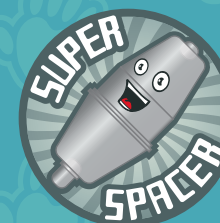
Name:



:



:







Visit www.allergyuk.org for more
information on allergies.

www.monkeywellbeing.com

My Symptoms


Example

	Day
 Did you cough today?	✓
 Did you wheeze today?	✓
 Did your asthma affect your normal activity?	
 Did your asthma wake you up last night?	✓

My treatment

Which medicines did you take today?
How many times did you take them?

Example

Medicine Name	Day AM	Day PM
Salbutamol (reliever) 	1	2
-----	3	1

Week 1

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 1

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 3

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday





Week 3

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My symptoms


Example

	Day
 Did you cough today?	✓
 Did you wheeze today?	✓
 Did your asthma affect your normal activity?	
 Did your asthma wake you up last night?	✓

My treatment

Which medicines did you take today?
How many times did you take them?

Example

Medicine Name	Day AM	Day PM
Salbutamol (reliever) 	1	2
-----	3	1

Week 4

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 4

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 5

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 5

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 6

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 6

Date: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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.