

# My Pre-Appointment Asthma Journal

\_\_\_\_\_ Date

Fill out these questions before your next healthcare provider visit. This will give your doctor the information they need to help you with your asthma.

**1. Did you experience any of the following asthma symptoms today? (check all that apply)**

- ☐ Wheezing ☐ Shortness of breath  
☐ Tightness in chest ☐ Cough

**If yes, what do you think may have triggered your symptoms?**

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**2. Did you miss or avoid any activities today due to asthma symptoms?**

- ☐ Yes ☐ No

**3. How did you sleep last night? (check one)**

- ☐ No waking; no wheezing or coughing  
☐ Slept well; slight wheezing or coughing  
☐ Woke up 2-3 times; wheezing or coughing  
☐ Bad night; awake most of the time due to coughing and wheezing, and trouble falling asleep

**4. Did you take your daily preventive medications for asthma (other than your quick-relief inhaler) today?**

- ☐ Yes ☐ No

**If not, was it because you:**

- ☐ Were too busy ☐ Felt fine  
☐ Were out of medication ☐ Simply forgot  
☐ Other

**5. Did you use your quick-relief inhaler today?**

- ☐ Yes ☐ No

**If yes, how many puffs and how often?**

- \_\_\_\_\_ puffs  
\_\_\_\_\_ times

**6. Did you have an asthma attack today?**

- ☐ Yes ☐ No

**7. My peak flow today was \_\_\_\_\_ when I checked in the **morning** or at **night**. (circle one)**

**8. What is your biggest challenge in managing your asthma?**

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NPUS-ASULBND250003 April 2025  
Produced in USA.

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