Asthma Tracker

Name: _____

Date						
Symptoms						
Cause of Attack						
Time of Attack						
Peak Flow Reading (Closest)						
Time of Peak Flow Reading						
Where Did Attack Start						
Did you Use Preventive Inhaler						
Time Preventive Inhaler Last Used						
Number of Puffs taken						
Did you use Emergency Inhaler						
Time Emergency Inhaler Last Used						
Number of Puffs taken						
Did you use a Nebulizer						
Time Nebulizer used						
Duration of Nebulizer Session						
Time Allergy Meds Last Taken						

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