START DATE: VISIT: PATIENT INITIALS: PATIENT STUDY NO

ON WAKING							IN THE EVENING								ANYTIME during the DAY
Date	Did you wake up with asthma symptoms? Yes	No	Puffs relief inhaler used since going to bed?	Best of 3 peak flow readings in the morning L/m	Did you take relief treatment in 4 hrs before the PEF reading? Yes	No	How often did you experience asthma symptoms today? Scale 0-6 (0 = none of the time, 6 = all the time	How much did your asthma symptoms bother you today? Scale 0-6 (0=not at all, 6 = severely bothered	How much activity could you do today? Scale 0-6 (0 = more than usual, 6 = less than usual	How often did your asthma affect your activities Scale 0-6 (0 = none of the time, 6 = all the time	Puffs relief inhaler used since rising this morning *See note* *	Best of 3 peak flow readings in the evening L/m	Did you take relief treatment in 4 hrs before the PEF reading? Yes	No	

* do not count any puffs taken at the clinic