My activity of day 1

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

My daily activity and health diary for WellHome

My name:

My age:

I have: ☐ Asthma ☐ Allergies ☐ None of the above



WellHome
West London Healthy Home and Environment Study

Child ID: _____ Installation date: _____

Home ID: _____ Collection date: _____

My activity of day 2

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 3

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 30

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 4

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 29

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 5

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 28

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 6

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 27

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 7

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 26

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 8

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 25

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 9

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 24

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 10

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 23

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 11

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 22

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 12

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 21

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 13

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 20

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 14

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 19

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
8:30 am				
9:00 am				
9:30 am				
10:00 am				
10:30 am				
11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 15

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
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11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 18

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
7:00 am				
7:30 am				
8:00 am				
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11:00 am				
11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
6:00 pm				
6:30 pm				
7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 16

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
5:00 am				
5:30 am				
6:00 am				
6:30 am				
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11:30 am				
12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
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7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.

My activity of day 17

Date: _____ Day of week : _____

Is this a school day? ☐ Yes ☐ No

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
0:00 am				
0:30 am				
1:00 am				
1:30 am				
2:00 am				
2:30 am				
3:00 am				
3:30 am				
4:00 am				
4:30 am				
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12:00 pm				
12:30 pm				
1:00 pm				
1:30 pm				
2:00 pm				
2:30 pm				
3:00 pm				
3:30 pm				

Time	 I'm at home.	 I'm outdoors, but not travelling.	 I'm travelling.	 I'm indoors but not at home.
4:00 pm				
4:30 pm				
5:00 pm				
5:30 pm				
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7:00 pm				
7:30 pm				
8:00 pm				
8:30 pm				
9:00 pm				
9:30 pm				
10:00 pm				
10:30 pm				
11:00 pm				
11:30 pm				

Symptoms self-check:

Have you experienced any of the following today?



Cough

☐ Yes ☐ No



Wheezing or whistling

☐ Yes ☐ No



Shortness of breath or Asthma

☐ Yes ☐ No



Fever

☐ Yes ☐ No



Stuffy nose

☐ Yes ☐ No

Did you use your blue asthma inhaler?



☐ Yes ☐ No

If yes, how many puffs today?

_____



If this was a school day, were you absent due to your asthma symptoms?

☐ Yes ☐ No

Congratulations!

You completed your activity journal of the day.
Give yourself a reward sticker!

Reward sticker here.