

# DAILY HEALTH DIARY

A simple way to track your symptoms, triggers and wellbeing over time

DATE: / /

MON TUE WED THU FRI SAT SUN



## 1. SYMPTOMS (rate from 0 to 10)

Cough	0	1	2	3	4	5	6	7	8	9	10
Breathlessness	0	1	2	3	4	5	6	7	8	9	10
Fatigue / Energy	0	1	2	3	4	5	6	7	8	9	10
Sinus symptoms	0	1	2	3	4	5	6	7	8	9	10
Chest tightness	0	1	2	3	4	5	6	7	8	9	10
Wheeze	0	1	2	3	4	5	6	7	8	9	10
Sputum / Phlegm	0	1	2	3	4	5	6	7	8	9	10
Overall wellbeing	0	1	2	3	4	5	6	7	8	9	10

0 = None    1-3 = Mild    4-6 = Moderate    7-10 = Severe



## 2. SLEEP

Hours slept  hours

Sleep quality (0-10) 0 1 2 3 4 5 6 7 8 9 10

Did you wake during the night?  Yes  No

Comments  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 3. ACTIVITY / EXERCISE

What did you do today? \_\_\_\_\_  
\_\_\_\_\_

Time / duration  minutes

How did you feel during exercise?  
(0 = very easy 10 = very hard) 0 1 2 3 4 5 6 7 8 9 10

How did you feel after exercise?  
(0 = very easy 10 = very hard) 0 1 2 3 4 5 6 7 8 9 10

Steps (if known) \_\_\_\_\_



## 4. MEDICATION

Any medication changes today?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Any side effects today?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_



## 5. TRIGGERS / ENVIRONMENT

Damp / mould exposure  Yes  No

Dust / strong smells / fumes  Yes  No

Pollen  Yes  No

Weather change (cold / heat / humidity)  Yes  No

Respiratory infection symptoms  Yes  No

Stress / anxiety  Yes  No

Other (please describe) \_\_\_\_\_  
\_\_\_\_\_



## 6. OTHER MEASUREMENTS (if applicable)

Temperature  °C

Oxygen saturation  %

Peak flow  L/min

Blood pressure  /  mmHg

Weight  kg



## 7. NOTES

Anything unusual today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions for my next appointment  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Small steps, recorded daily, can help you see the bigger picture.  
This diary is for you and your healthcare team.

Remember: If you are worried about your symptoms,  
contact your healthcare team for advice.