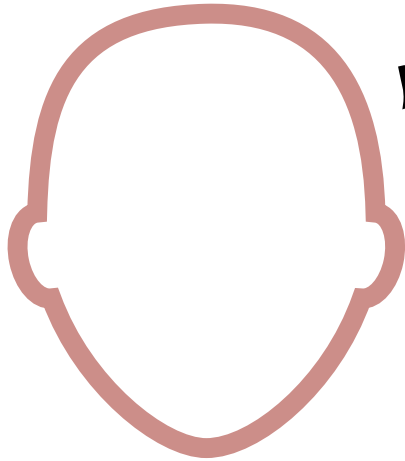


All About Me:

Draw yourself here



Name:

Age:

Date of Birth:

Hospital Number:

This chart is VERY important. If you find it, please return it to:

For more information about asthma please visit: <http://www.asthma.org.uk/>



@monkeywellbeing

Monkey Wellbeing

Devised by MonkeyWellbeing and Whittington Health.

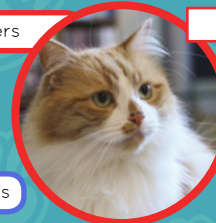
ZMON0046v1

My Triggers

Tick which triggers affect your asthma.



Fur and Feathers



Coughs and Colds



Cold Weather



Cigarettes



Dust



Pollen, Grass, and Trees



Exercise



Air Pollution



Feelings



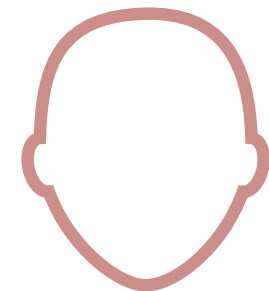
Moulds and Spores



Monkey's Symptom Diary

Draw your nurse/doctor here.

My Asthma Nurse/Doctor:



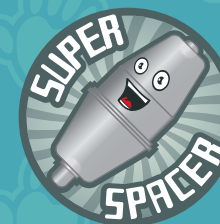
Name:



:



:



Visit www.allergyuk.org for more information on allergies.

www.monkeywellbeing.com

My Symptoms

Example

	Day
Did you cough today?	✓
Did you wheeze today?	✓
Did your asthma affect your normal activity?	
Did your asthma wake you up last night?	✓

My treatment

Which medicines did you take today?
How many times did you take them?

Example

Medicine Name	Day AM	Day PM
Salbutamol (reliever)	1	2
-----	3	1

Week 1

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 3

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 1

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 2

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 3

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

My symptoms

Example

	Day
Did you cough today?	✓
Did you wheeze today?	✓
Did your asthma affect your normal activity?	
Did your asthma wake you up last night?	✓

My treatment

Which medicines did you take today?
How many times did you take them?

Example

Medicine Name	Day AM	Day PM
Salbutamol (reliever)	1	2
-----	3	1

Week 4

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 5

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 6

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 4

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 5

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Week 6

Date:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Your feedback is invaluable in helping us to update and continually improve our Monkey Wellbeing literature. Please e-mail feedback@monkeywellbeing.com with any suggestions or comments you have.