Caregiver Asthma Diary - Overnight

ANSWER IN THE MORNING: These questions cover the period of time from when your child went to bed for the night to when he/she awoke this morning.

1. How much did your child cough last night after your child was put to bed for the night until he/she awoke this morning? (Check one response)
   
<table>
<thead>
<tr>
<th>Did not cough at all</th>
<th>Coughed very little</th>
<th>Coughed several times</th>
<th>Coughed frequently</th>
<th>Coughed almost all night</th>
<th>I do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>①</td>
<td>②</td>
<td>③</td>
<td>④</td>
<td>⑤</td>
</tr>
</tbody>
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2. How many times did you give your child Albuterol since he/she went to bed last night? (If your child did not wake up last night due to asthma, then you fill in "0".)

   Number of times: ___________

3. How many puffs, nebulizer treatments, teaspoons or tablets of Albuterol did your child use since he/she was put to bed for the night until he/she awoke this morning? For each kind of Albuterol used, fill in the total number of puffs, nebulizer treatments teaspoons and tablets used. (If your child did not wake up last night due to asthma, then you should fill in "0".)

   Albuterol inhaler: _______________ number of puffs
   
   Albuterol by nebulizer: _______________ number of treatments
   
   Oral Albuterol syrup/tablets: _______________ number of teaspoons or tablets
Caregiver Asthma Diary - Daytime Symptoms

ANSWER RIGHT AFTER YOUR CHILD GOES TO BED FOR THE NIGHT: These questions cover the period of time since your child awoke this morning for the day.

4. How severe was your child's cough today? (Check one response)
   - No cough
   - Very mild cough
   - Mild cough
   - Moderate cough
   - Severe cough
   - Very severe cough

5. How severe was your child's wheezing today? (Check one response)
   - No wheezing
   - Very mild wheezing
   - Mild wheezing
   - Moderate wheezing
   - Severe wheezing
   - Very severe wheezing

6. How severe was your child's trouble breathing today? (Check one response)
   - No trouble breathing
   - Very mild trouble breathing
   - Mild trouble breathing
   - Moderate trouble breathing
   - Severe trouble breathing
   - Very severe trouble breathing

7. How much did your child's asthma symptoms interfere with your child's activities today? (Your child's activities could include any sort of physical activity such as running, playing, jumping, sports, bike-riding, climbing etc. or school activities) (Check one response)
   - Did not interfere
   - Very mildly interfered
   - Mildly interfered
   - Moderately interfered
   - Severely interfered
   - Very severely interfered
8. Did your child visit a doctor, emergency room, or hospital for asthma symptoms (other than a scheduled visit to a doctor) or was your child treated with oral prednisone during the previous 24 hours? (Check one response)

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</table>

If yes, check all that apply:

- Visited a doctor
- Visited an Emergency Room
- Admitted to the Hospital Overnight
- Treated with Prednisone

9. How many times did you give your child Albuterol since he/she awoke this morning? (If your child did not use any Albuterol since waking up this morning, fill in "0".)

   Number of times: ___________

10. How many puffs, nebulizer treatments, teaspoons or tablets of Albuterol did your child use since he/she woke up this morning? For each kind of Albuterol used, fill in the total number of puffs, nebulizer treatments, teaspoons and tablets used. (If your child did not use any Albuterol since waking up this morning, fill in "0").

   Albuterol inhaler: _______________ number of puffs

   Albuterol by nebulizer: _______________ number of treatments

   Oral Albuterol syrup/tablets: _______________ number of teaspoons or tablets