

Symptom Scores: For each part of the body, please fill the boxes as per below: 0=no symptoms, 1=mild, 2=moderate, 3=severe

July 2013

M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Lungs

Breathlessness																												
Cough																												
Wheeze																												
Tightness																												

Nose

Sneezing																											
Blockage																											
Running																											

Mouth & Throat

Itching																											
Drying																											

Eyes

Itching																											
Redness/Sore																											
Streaming																											
Swelling																											

Medication Scores: Please specify how many tablets/squirts of nasal spray/eye drops you have required per day. For example, 1 antihistamine tablet per day=1, 2squirts of nasal spray per nostril per day=4, 1 eye drop for each eye twice a day=4 0=not used, 1= 1 tablet/nasal spray squirt/eye drop, 2= 2tablets/nasal spray squirts/eye drops etc.

Medications & Doses

Antihistimine																											
Nasal Spray																											
Eye Drops																											
Prednisolone																											

Please mark an * if you forget to fill the form;
H if you are on holiday, S if you were near to the sea.

Holiday Destination:
Seaside Destination: