

# Sign & Symptom Calendar

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

N = Nose  
 E = Eyes  
 C = Cough  
 R = Rash  
 ECZ = Eczema

EAR = Ears  
 W = Wheeze  
 H = Headache  
 B = Behavior

1 = Bad  
 10 = Perfect

ALB = number of Albuterol treatments that day

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____	_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____	_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____	_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____	_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____	_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____	_____ = _____ PFR _____ = _____ _____ = _____ _____ = _____ shot # _____
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## Sign & Symptom Calendar

\* If more space is needed for symptoms or comments, please record on page 2 in the corresponding number.

# Sign & Symptom Calendar

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

1. \_\_\_\_\_
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