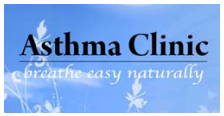
Name :

Respiratory Health Chart

Start date: _____



Days	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	32	33	34	35	36	37	38	39	40	41	42	43	44	45
800																																													
750																																													
700																																													
650																																													
600																																													
550																																													
500																																													
450																																													
400																																													
350																																													
300																																													
250																																													
200																																													
150																																													
WHEEZING																																													
SNEEZING																																													
S.O.B.																																													
ITYCY EYES/NOSE																																													
NASAL CONGESTION																																													
FEVER																																													
COUGH																																													
CHEST TIGHTNESS																																													
RUNNY NOSE																																													
COLD/FLU																																													
STEROID INHALER																																													
BRONCHODILATOR																																													
CHINESE HERBS																																													

Please mark in the chart above any symptoms that you experience