My Breathing Buddy

A project created by:
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This diary is a symptom tracker for parents of children with suspected undiagnosed Asthma. Please complete applicable areas where indicated. Bring this tool to all visits to health care providers including clinic and Emergency Department visits. Have the physician or Nurse Practitioner complete each indicated area. This tool is intended for use by practitioners in symptom mapping and trend identification only. This is not a definitive diagnostic tool.

Buddy, the Diagnosis Detective
Demographic Information:

Parent’s Name:
Telephone Number:

Child’s Name:
Date of Birth:

If found, please return to this address:
My Health History:

- Born at _____ weeks
- Weight at Birth________
- Complications during pregnancy
- Vaginal or caesarean birth_____________________________
- Hospitalizations after birth_____________________________
- Medical illnesses_____________________________________
- Allergies_________________________________
- Breast fed/formula fed/both__________________________
- Other important information about my child:

_____________________________________________________
_____________________________________________________

Family Medical History:

My parent’s health history (including asthma or eczema):

- Medications used:_____________________________________
- They are allergic to:_________________________________

My parent’s health history (including asthma or eczema):

- Medications used:_____________________________________
- They are allergic to:_________________________________

My sibling’s health history:

- Medications used:_____________________________________
- They are allergic to:_________________________________

Household Environment:

- Smokers in house (yes or no)__________________________
- Smoke in the house (yes or no)________________________
- We avoid places with pets (yes or no)________________
- We have a pet (yes or no)____________________________
- My pet is a (example: cat)____________________________
At home, I had some symptoms that were scary.
Date:        Time:  

My child has been sick for _________ days
My child has been sick with: (check all that apply)

___Cough  ___Earache
___Runny Nose  ___Tummy Ache/Vomiting
___Blocked Nose  ___Rash (itchy/not itchy)
___Fever  ___Not able to sleep/frequent night waking

I could hear a wheeze/whistle (yes or no) _______________________
I heard it worse (when breathing in or out) _______________________
The symptoms were worse in the (day or night) _______________________

I could see my child’s breathing change, it looked like:
___ faster/heavier  ___neck sucking in  ___worried/anxious
___ nostrils flaring  ___sitting like a tripod  ___other:_________

I treated my child’s symptoms with these medicines:
___Inhaler blue, tan, red/pink, red (circle all that apply)
___Tylenol  ___Antibiotics
___Advil  ___Other: ______________________

My child got better in _____ days
I did/did not go to the doctor because
__________________________________________

Other information that I want you to know:
__________________________________________
Date:     Time:

My child has been sick for _________ days
My child has been sick with: (check all that apply)

___Cough
___Runny Nose
___Blocked Nose
___Fever

___Earache
___Tummy Ache/Vomiting
___Rash (itchy/not itchy)
___Not able to sleep/frequent night waking

I could hear a wheeze/whistle (yes or no) _______________________
I heard it worse (when breathing in or out) _______________________
The symptoms were worse in the (day or night) ____________________

I could see my child’s breathing change, it looked like:

___ faster/heavier  ___neck sucking in  ___worried/anxious
___ nostrils flaring  ___sitting like a tripod  ___other:__________

I treated my child’s symptoms with these medicines:

___Inhaler blue, tan, red/pink, red (circle all that apply)
___Tylenol
___Advil

___Antibiotics
___Other: __________________________

My child got better in _____ days
I did/did not go to the doctor because

_________________________________________________________________

Other information that I want you to know:

_________________________________________________________________
We are going to the clinic!
I brought my child to the nurse practitioner/doctor today because ____________________________________________________________

My child has been sick for ___________ days
My child has been sick with (check all that apply)

___ Cough ___ Earache ___ Fever
___ Not able to sleep ___ Frequent night waking
___ Runny Nose ___ Tummy Ache/Vomit
___ Blocked Nose ___ Rash (itchy/not itchy)

I could hear a wheeze/whistle (yes or no) ______________
I heard it worse (when breathing in or out) ______________
The symptoms were worse in the (day or night) __________

I could see my child’s breathing change, it looked like:

___ faster/heavier ___ neck sucking in ___ worried/anxious
___ nostrils flaring ___ sitting like a tripod ___ other: __________

I treated my child’s symptoms with these medicines:

___ Inhaler blue, tan, red/pink, red (circle all that apply)
___ Tylenol ___ Antibiotics
___ Advil ___ Other: ______________________

Other information that I want you to know:
_____________________________________________________
__________________________________________________________________________

My diagnosis was: _____________________________________________
My treatment was: _____________________________________________
Date:          Time:

I brought my child to the nurse practitioner/doctor today because ____________________________________________

________________________________________

My child has been sick for ________ days

My child has been sick with (check all that apply)

___ Cough
___ Earache ___ Fever
___ Not able to sleep ___ frequent night waking
___ Runny Nose ___ Tummy Ache/Vomit
___ Blocked Nose ___ Rash (itchy/not itchy)

I could hear a wheeze/whistle (yes or no) ______________

I heard it worse (when breathing in or out) ______________

The symptoms were worse in the (day or night) __________

I could see my child’s breathing change, it looked like:

___ faster/heavier ___ neck sucking in ___ worried/anxious
___ nostrils flaring ___ sitting like a tripod ___ other: ______

I treated my child’s symptoms with these medicines:

___ Inhaler blue, tan, red/pink, red (circle all that apply)

___ Tylenol ___ Antibiotics

___ Advil ___ Other: ___________________

Other information that I want you to know:

________________________________________________________________________

________________________________________

My diagnosis was: _________________________________________________________

My treatment was: _________________________________________________________
Time to go to the hospital!
I brought my child to the nurse practitioner/doctor today because

My child has been sick for _______ days

My child has been sick with (check all that apply)

___ Cough
___ Earache
___ Fever
___ Not able to sleep
___ Frequent night waking
___ Runny Nose
___ Tummy Ache/Vomit
___ Blocked Nose
___ Rash (itchy/not itchy)

I could hear a wheeze/whistle (yes or no) ______________
I heard it worse (when breathing in or out) ______________
The symptoms were worse in the (day or night) __________

I could see my child’s breathing change, it looked like:

___ Faster/heavier
___ Neck sucking in
___ Worried/anxious
___ Nostrils flaring
___ Sitting like a tripod
___ Other: ________

I treated my child’s symptoms with these medicines:

___ Inhaler blue, tan, red/pink, red (circle all that apply)
___ Tylenol
___ Antibiotics
___ Advil
___ Other: ____________________

Other information that I want you to know:

_____________________________________________________
_____________________________________________________

My diagnosis was: ____________________________________
My treatment was: ____________________________________
I brought my child to the nurse practitioner/doctor today because_______________________________________________
________________________________________

My child has been sick for ____________ days
My child has been sick with (check all that apply)
  ___Cough  ___Earache  ___Fever
  ___Not able to sleep  ___frequent night waking
  ___Runny Nose  ___Tummy Ache/Vomit
  ___Blocked Nose  ___Rash (itchy/not itchy)

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I treated my child’s symptoms with these medicines:
  ___Inhaler blue, tan, red/pink, red (circle all that apply)
  ___Tylenol  ___Antibiotics
  ___Advil  ___Other: ______________________

Other information that I want you to know:
________________________________________________________________________
________________________________________________________________________

My diagnosis was:__________________________________________
My treatment was:__________________________________________
