

Perimenstrual Asthma (PMA)

You may experience worsening of allergy and asthma symptoms during your menstrual period. **This may require a change in your medical treatment so show this to your doctor.**

3 Month Symptom/Medication Diary

SYMPTOMS	Month 1:	Month 2:	Month 3:
N=NOSE (stuffy etc)	1		
A=ASTHMA	2		
S=SKIN (Itchy, rash)	3		
E=EYES (dry, itchy)	4		
O=OTHER (list)	5		
	6		
	7		
Rank symptoms 1-4	8		
1=mild 4=severe	9		
	10		
MEDICATIONS:	11		
IS = inhaled steroid	12		
LT=leukotriene meds	13		
LAB=serevent/foradil	14		
R = rescue med: _____	15		
OS = oral steroid	16		
OM=other (write in)	17		
	18		
DIRECTIONS:	19		
	20		
1) Circle the days of your menstrual bleeding	21		
	22		
2) Keep a daily record of your symptoms/meds using the symbols above	23		
	24		
	25		
	26		
3) On the date you have the symptom, write the symbol in the box and rank from 1-4 (mild-severe)	27		
	28		
	29		
	30		
	31		

Birth date: _____

Treatment: _____

Diagnosis: _____

Name: _____