

Always return your cards and meter together. We need both to analyse your record.

1. Please enter the date, the time of waking up and going to sleep and, if working, the time of starting and finishing work.

2. If you are working night shifts please enter the times of starting and finishing work as shown (with AM / PM). We will work out that you actually finish work the next day.

3. It is important to write down the time you wake up and go to sleep, even on days off.

4. If you work in different areas or with different materials please make a note of this each day.

5. Please note your asthma medication on every sheet and on every day you need extra medication.

6. Please make a note if you are ill.

7. The occasional missed reading is not a problem.

8. Taking readings on days off is as important as taking readings on days at work, if not more so.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DATE	18/11/10	19/11/10	20/11/10	21/11/10	22/11/10	23/11/10	24/11/10
Time Wakin	7.15	7.00	7.00	9.00	17.00	9.00	9.00
Time Startin work	9.00	8.30	8.30	6pm			
Time Stopping work	5.15	6.45	5.30	4am			
Time going to bed	11.00	11.00	11.30	5am	1.00	12.00	12.00
JOBs DONE	4 Office	Home	Home				

Treatment with Times	5 2gutts - blue inhaler morning & night!	6 BAD → COLD	COLD BETTER
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01.00 a.m.					520	
02.00 a.m.					550	
03.00 a.m.						
04.00 a.m.					535	
05.00 a.m.						
06.00 a.m.						
07.00 a.m.	540	550	530			
08.00 a.m.						
09.00 a.m.	555	520	540	550		555 500
10.00 a.m.						
11.00 a.m.		520				550 550
12.00 Noon	540		535		550	
01.00 p.m.				550		560
02.00 p.m.		540	595			555
03.00 p.m.	535			540	520	
04.00 p.m.		545	540			550
05.00 p.m.	540			535	500	550
06.00 p.m.						555
07.00 p.m.		550	555	560	530	545
08.00 p.m.	550					540
09.00 p.m.		555	585	545	575	555
10.00 p.m.						535
11.00 p.m.	550	550	510	540	530	540
12.00 Midnight						550