

# PEAK FLOW METER DAILY LOG

NAME  
PERSONAL BEST  
MONTH / YEAR

DAY	MORNING (AM)			EVENING (PM)			SYMPTOMS / TRIGGERS
	TRY 1	TRY 2	TRY 3	TRY 1	TRY 2	TRY 3	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

DAY	MORNING (AM)			EVENING (PM)			SYMPTOMS / TRIGGERS
	TRY 1	TRY 2	TRY 3	TRY 1	TRY 2	TRY 3	
14							

**80-100% (Green):** All Clear  
**50-80% (Yellow):** Caution  
**< 50% (Red):** Medical Alert

ADDITIONAL CLINICAL NOTES / MEDICATION CHANGES