

PEAK FLOW DIARY

Target Peak Flow: _____ L/min

Name: _____

Month/Year: _____

DATE	MORNING (AM)		EVENING (PM)		NOTES / SYMPTOMS
	TIME	READING	TIME	READING	

DATE	MORNING (AM)		EVENING (PM)		NOTES / SYMPTOMS
	TIME	READING	TIME	READING	

Green Zone (80-100%)

Doing well. No symptoms. Continue routine meds.

Yellow Zone (50-80%)

Caution. Increased symptoms. Use rescue inhaler.

Red Zone (< 50%)

Medical Emergency. Seek immediate help.