

PEAK FLOW METER DAILY LOG

Personal Best Peak Flow: _____ L/min

NAME
MONTH/YEAR
PHYSICIAN

Green Zone

80-100% of Best

Yellow Zone

50-80% of Best

Red Zone

Below 50% of Best

Date	Time (AM)	Value (AM)	Time (PM)	Value (PM)	Notes / Symptoms
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Date	Time (AM)	Value (AM)	Time (PM)	Value (PM)	Notes / Symptoms
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Always consult your physician for medical advice and zone calculations.