

PEAK FLOW METER CHART

Month/Year: _____

Name: _____

Personal Best: _____

Physician: _____

DATE	MORNING (AM)			EVENING (PM)			SYMPTOMS / TRIGGERS
	TRY 1	TRY 2	BEST	TRY 1	TRY 2	BEST	

GREEN (80-100%)

Doing well. No symptoms.

YELLOW (50-80%)

Caution. Use rescue inhaler.

RED (Below 50%)

Medical Alert. Seek emergency care.

Notes:
