

PEAK FLOW METER LOG

Personal Best: _____ L/min

NAME

MONTH/YEAR

PHYSICIAN

DATE	MORNING (AM)		EVENING (PM)		SYMPTOMS / TRIGGERS / NOTES
	READING	ZONE	READING	ZONE	

DATE	MORNING (AM)		EVENING (PM)		SYMPTOMS / TRIGGERS / NOTES
	READING	ZONE	READING	ZONE	

Green Zone (80-100%)

Doing well. No symptoms. Maintain daily routine.

Yellow Zone (50-80%)

Caution. Mild symptoms. Follow your Action Plan.

Red Zone (< 50%)

Medical Emergency. Seek immediate help.