

# PEAK FLOW METER CHART

Target Personal Best: \_\_\_\_\_ L/min

Name:

Month/Year:

Physician:

DATE	MORNING (AM)		EVENING (PM)		SYMPTOMS / MEDICATION CHANGES
	TIME	READING	TIME	READING	

## **Green Zone (80-100%)**

Doing well. No symptoms. Continue routine meds.

## **Yellow Zone (50-80%)**

Caution. Use rescue inhaler. Contact doctor if no improvement.

## **Red Zone (<50%)**

Medical Emergency. Seek immediate medical attention.