

# PEAK FLOW DIARY

Month/Year: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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

DAY	MORNING (AM)		EVENING (PM)		SYMPTOMS / TRIGGERS / MEDICATION NOTES
	TIME	PEFR	TIME	PEFR	
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
Mon					

DAY	MORNING (AM)		EVENING (PM)		SYMPTOMS / TRIGGERS / MEDICATION NOTES
	TIME	PEFR	TIME	PEFR	
	Tue				
Wed					
Thu					
Fri					
Sat					
Sun					

**Zones: Green (80-100%): Doing Well Yellow (50-80%): Caution / Getting Worse Red (< 50%): Medical Alert**