

# PEAK FLOW DIARY

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

Name:

Month/Year:

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

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

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

Doing well. No symptoms. Maintain daily routine.

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

Caution. Increased symptoms. Follow action plan.

**Red Zone (< 50%)**

Medical Emergency. Seek immediate assistance.