

PEAK FLOW ASSESSMENT CHART

Personal Best Peak Flow: _____ L/min

PATIENT NAME
DATE RANGE
PHYSICIAN

Date	Time	Reading 1	Reading 2	Reading 3	Highest	Notes/Symptoms
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					
	AM					
	PM					

GREEN ZONE (80-100%)

Doing well. No symptoms. Continue routine meds.

YELLOW ZONE (50-80%)

Caution. Symptoms present. Use rescue inhaler.

RED ZONE (< 50%)

Medical Emergency. Seek immediate help.