

PEAK FLOW PROGRESS CHART

Personal Best: _____ L/min

Name:

Month/Year:

DATE	TIME	READING 1	READING 2	READING 3	DAILY HIGHEST
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				

DATE	TIME	READING 1	READING 2	READING 3	DAILY HIGHEST
-------------	-------------	------------------	------------------	------------------	----------------------

AM

PM

AM

PM

Green Zone (80-100%)

All clear. No symptoms present.

Yellow Zone (50-80%)

Caution. Potential flare-up.

Red Zone (<50%)

Medical Emergency. Seek help.