

# PEAK FLOW RECORD

Personal Respiratory Monitoring Log

PERSONAL BEST PEF \_\_\_\_\_ **L/min**

NAME  
DATE OF BIRTH  
MONTH/YEAR

DATE	MORNING (AM)			EVENING (PM)			SYMPTOMS / TRIGGER / MEDICATION
	TRIAL 1	TRIAL 2	BEST	TRIAL 1	TRIAL 2	BEST	

GREEN ZONE (80-100%) **Doing Well**

No cough or wheeze. Continue routine medicines.

**YELLOW ZONE (50-80%) Caution**

Tight chest or coughing. Follow rescue plan.

**RED ZONE (< 50%) Medical Alert**

Difficulty breathing. Seek immediate medical care.

**This chart is for tracking purposes only. Always follow the advice of your healthcare professional.**