

Name _____

Date Beginning _____

Peak Flow Zones: Green Zone _____

Yellow Zone _____

Red Zone _____

Medications (include dose and frequency) _____

| Day | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|-----|--------|----|---------|----|-----------|----|----------|----|--------|----|----------|----|--------|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 300 | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |

Changes in
Medicine

Peak Flow Recording Times

AM _____ PM _____

The numbers 100 through 600 are your peak flow rates (liters/minute) **

* 1 sheet = 1 week