

Asthma Peak Flow Chart

Name: _____ Week beginning: _____

Peak flow zones: Green Zone: _____ Yellow Zone: _____ Red Zone: _____

Prescribed medication (including dose & frequency):

Peak flow recording times: _____ AM _____ PM

Day		Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Time		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM		AM	PM	
Your Peak Flow Rates	600																					
	550																					
	500																					
	450																					
	400																					
	350																					
	300																					
	250																					
	200																					
	150																					
100																						
Change in medication																						
Notes																						