Peak Flow Diary

Name_____

Height_____ Weight_____ Predicted Peak Flow_____ Personal Best_____

Date	Sleep*	Peak Flow Morning before Meds			Peak Flow Afternoon			Wheeze♦	Cough★	Activity♥	Peak flows after emergency meds are taken and breathing is normal
		1	2	3	1	2	3				

Sleep*	Fine = 0	Slept well, slight wheeze or cough = 1	Awake 2-3 times, wheeze or cough =2	Bad night, awake most of the time = 3
Wheeze♦	None = 0	Some = 1	Medium = 2	Severe = 3
Cough★	None = 0	Occasional = 1	Frequent = 2	Continuous = 3
Activity♥	Normal = 0	Can run short distance or climb 3 flights of stairs =1	Can walk only = 2	Missed school or stayed indoors = 3

Breathing Should Be Easy

Craven County Asthma Coalition (252) 636-4936

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