Name: _____

ASTHMA DIARY
PEAK FLOW

For adults, teens & children five years of age and over

O - *Before bronchodilator*
X - *After bronchodilator*

Date | Triggers, Comments

Peak Flow Rate

	100%
Green Zone	90%
	80%
High Yellow Zone	70%
	65%
Low Yellow Zone	60%
	50%
Red Zone	

Medicines

- * Inhaled steroid
- * Other controller
- * Quick-relief
- * Oral steroid

Signs

- Wheeze
- Cough
- Activity
- Sleep

* Fill in the brand name of your medicine, dose, and number of times per day you take it.

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See back for instructions. Please bring to each visit.

Signs

◆ Wheeze:

None 0
End of exhale 1
Throughout exhale 2
Inhale and exhale 3

◆ Cough in past 5 minutes:

None 0
Less than one per minute 1
One to four per minute 2
More than four per minute 3

◆ Activity:

Fully active 0
Can run short distance 1
Can walk only 2
Missed work or school or stayed indoors 3

◆ Sleep:

Fine 0
Slight wheeze or cough 1
Awake 2-3 times because of wheeze or cough 2
Awake most of the night 3

Order books & diaries from Pedipress 800-611-6081:

- *Children with Asthma: A Manual for Parents*
- *One Minute Asthma: What You Need to Know*
- *El asma en un minuto*
- *Winning Over Asthma*
- *Asthma Peak Flow Diary*
- *Asthma Signs Diary*
- *Asthma Charts & Forms for the Physician's Office*