

Peak Flow Tracking Sheet

Peak Flow Tracking Sheet

Name: _____

Personal Best Peak Flow: _____

Sample Day

Mon

Mon

Tues

Wed

Thur

Fri

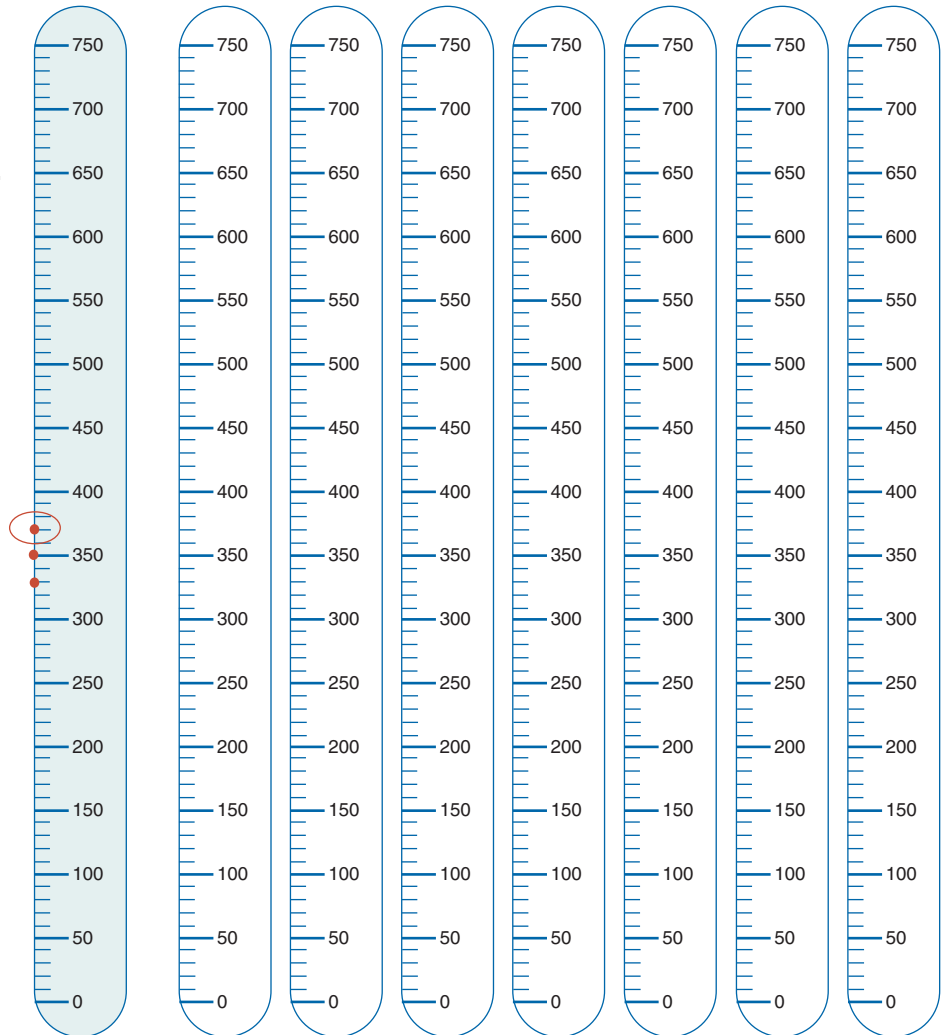
Sat

Sun

370

Directions:

1. Take 3 peak flow readings every day.
2. Mark each number on this sheet.
3. Circle the highest of the 3 numbers. That is your peak flow number for that day.
4. Check your Asthma Action Plan. Take the medicines for the zone you are in.



Notes: