## Your Peak Flow Diary

Please mark your reading with an "x" each time (best of 3 blows)

Variability = N/A						١	Week 1								_						١	Ne	ek	2	·					
Day of the Week	1	М		Т		W		Т		F		S		S		M		Т		W		Т		F		S		S		
Used reliever inhaler																														
Had asthma symptoms such as shortness of breathe, tight chest, coughing or wheezing																														
Waking at night with asthma symptoms																														
Feeling like you can't keep up with your normal daily activities		_		1				1		_		1															I			
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	АМ	PM	AM	PM	
800																														
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580	_	<u> </u>		_	<u> </u>	-			<u> </u>																-		$\square$			
540	_	-		_																				_	-					
520	_																							-	-		$\vdash$			
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