PEAK FLOW DIARY

NAME: …….…… **DOB:** ……/……/……. **HEIGHT:** ……..…….. **JOB/WORKPLACE:** ……..……

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Work times:							
Which inhaler used?							
Exposures:							
Breathing difficulties:							
0am (midnight)							
1am							
2am							
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
12pm (noon)							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							