

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 (13:00)							
2pm (14:00)							
3pm (15:00)							
4pm (16:00)							
5pm (17:00)							
6pm (18:00)							
7pm (19:00)							
8pm (20:00)							
9pm (21:00)							
10pm (22:00)							
11pm (23:00)							