

Allergy & Asthma Specialists
16611 S. 40th St., Ste 170
Phoenix, AZ 85048 • 480-705-8844

Name:

Peak Flow Asthma Diary

Date:

Date																																				Date		
Time	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	morning	noon	evening	Time	
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Symptoms: (Wheezing, cough, chest tightness, shortness of breath)																																						
Day																																						
Night																																						
Bronchodilator use or Unscheduled Emergency Medical Visits																																						

Record best of three peak flow readings, three times a day. If you have symptoms with exercise, record peak flows before and after exercise. Make note of times you have symptoms during the day and night as well as how often you use your inhaler. Try to include peak flow readings before and after you use your rescue inhaler.

Symptoms: Night	Symptoms: Day	Medical Visits	Bronchodilator Use
<input type="checkbox"/> 1-3 awakenings	<input type="checkbox"/> Occasional symptoms	<input type="checkbox"/> Emergency Room	Record number of puffs or nebulizer use per day of a rescue medication: Albuterol (Proventil, Pro Air, Ventolin), Xopenex)
<input checked="" type="checkbox"/> Awake all night	<input checked="" type="checkbox"/> Continual symptoms	<input type="checkbox"/> Hospitalization	