PEAK FLOW METER DIARY ID#___________

Please record your peak flow readings for 7 consecutive days. Each day we need you to enter the date, and 3 readings each, at bedtime, any time you get up during the night, and when you get up in the morning. If additional room is needed for readings during the night, please use the back of this form.

ENTER DATE ►							
BEDTIME	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______
AWAKE DURING NIGHT 1	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______
AWAKE DURING NIGHT 2	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______
AWAKE DURING NIGHT 3	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______
MORINING WAKEUP TIME	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______	1. ______ 2. ______ 3. ______
Have you had any wheezing or an asthma attack today?	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___	___ YES ___ NO If yes, ___ day or ___ night? If night, how often did you wake? ___