_____ **My predicted peak flow**

_____ **My personal best peak flow**

_____ My Green (Good Control) Zone
80-100% of personal best

_____ My Yellow (Caution) Zone
60-80% of personal best

_____ My Red (Danger) Zone
below 60% of personal best

Date:														
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Peak Flow Reading														
No Asthma Symptoms														
Mild Asthma Symptoms														
Moderate Asthma Symptoms														
Serious Asthma Symptoms														
Medicine Used to Stop Symptoms														
Urgent Visit to the Doctor														

Date:														
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Peak Flow Reading														
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Serious Asthma Symptoms														
Medicine Used to Stop Symptoms														
Urgent Visit to the Doctor														

Date:														
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
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Medicine Used to Stop Symptoms														
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