

PEAK FLOW TRACKING CHART

Name:				Date of Birth:								Phone:			
Month:		Day:													
Peak Flow	AM Peak Flow 6:00 – 8:00 am														
	PM Peak Flow Noon – 2:00 pm														
Rate Your Symptoms (0 = None to 5 = Severe)	Cough														
	Shortness of Breath														
	Chest Tightness														
	Wheezing														
	Interrupted Sleep														
	Physical Activities														
	Nasal Symptoms														
	Heart Burn														
Other:															
Medication(s)	Place one \checkmark in the box each time you take your medication.														
	1														
	2														
	3														
	4														
	5														
	6														
	7														
	8														
Comments															