

# Peak Flow Tracking Sheet

Name: \_\_\_\_\_

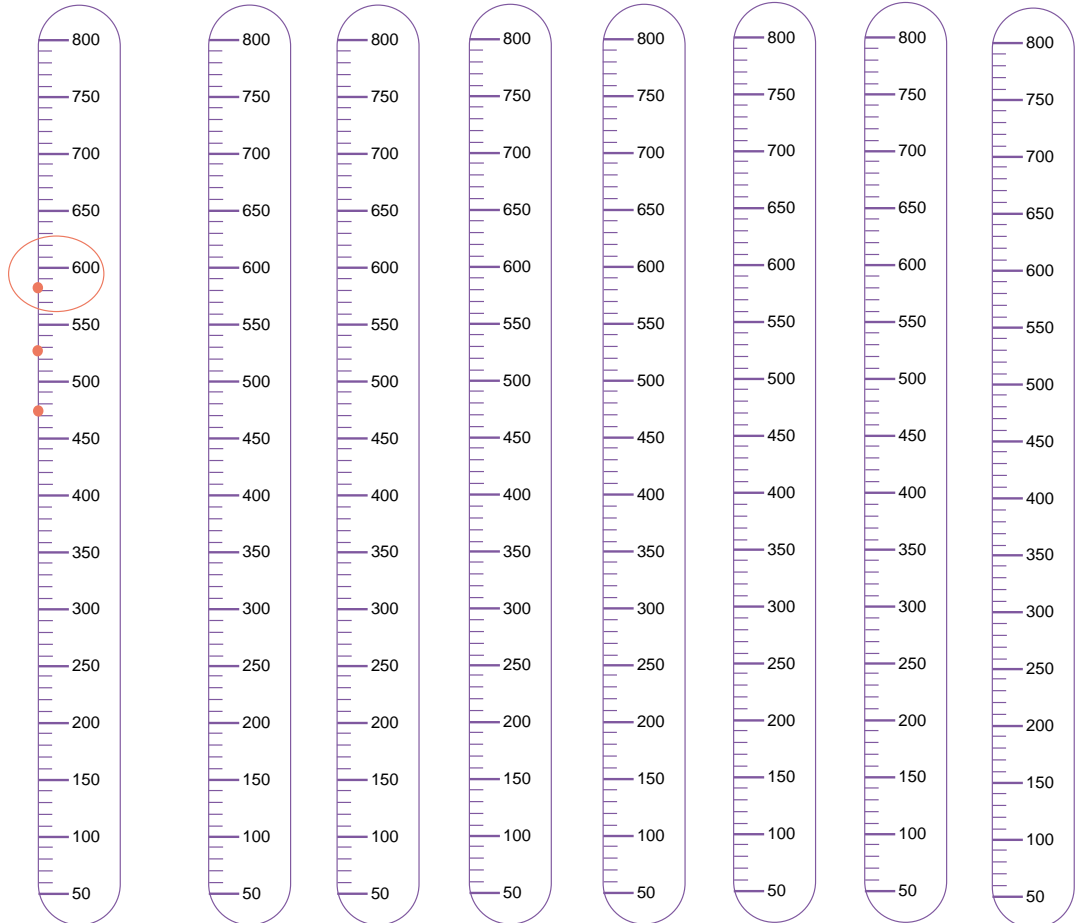
Personal Best Peak Flow: \_\_\_\_\_

## Directions:

1. Blow 3 times.
2. After each blow, mark the spot where the marker stopped.
3. Circle the highest of the 3 numbers. That is your peak flow number today.
4. Check your Asthma Action Plan. Take the medicines for your zone.

Sample Day  
Mon  
9/24/01

Mon	Tues	Wed	Thur	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____



## Notes

This information is not intended as a substitute for professional medical care. Always follow your healthcare provider's instructions.

Adapted from National Institutes of Health. *Global Initiative for Asthma*. January 1995. Publication no. 95-3659.

©2001 The GlaxoSmithKline Group of Companies. All rights reserved. Printed in USA. HCM032R0 November 2001 62292M



GlaxoSmithKline