

Name: _____

ASTHMA DIARY PEAK FLOW

For adults, teens & children
five years of age and over

Triggers, Comments

		Date	Triggers, Comments											
Peak Flow Rate	O - Before bronchodilator X - After bronchodilator													
	Green Zone	100% 90%												
	High Yellow Zone	80% 70%												
	Low Yellow Zone	65% 60%												
	Red Zone	50%												
Medicines*	Inhaled steroid													
	Cromolyn or nedocromil													
	Adrenaline-like medicine													
	Oral steroid													
	Theophylline													
Signs	Wheeze													
	Cough													
	Activity													
	Sleep													

See back for instructions. Please bring to each visit.

Signs

- ◆ **Wheeze:**
 - None 0
 - End of exhale 1
 - Throughout exhale 2
 - Inhale and exhale 3
- ◆ **Cough in past 5 minutes:**
 - None 0
 - Less than one per minute 1
 - One to four per minute 2
 - More than four per minute 3
- ◆ **Activity:**
 - Fully active 0
 - Can run short distance 1
 - Can walk only 2
 - Missed work or school or stayed indoors 3
- ◆ **Sleep:**
 - Fine 0
 - Slight wheeze or cough 1
 - Awake 2-3 times because of wheeze or cough 2
 - Awake most of the night 3

Order books & diaries from Pedipress 800-611-6081:

- *Children with Asthma: A Manual for Parents*
- *One Minute Asthma: What You Need to Know*
- *El asma en un minuto*
- *Winning Over Asthma*
- *Asthma Peak Flow Diary*
- *Asthma Signs Diary*
- *Asthma Charts & Forms for the Physician's Office*

* Medicines: • inhaled steroid (*Aerobid, Azmacort, Beclovent, Flovent, Pulmicort, Vancril*) • Cromolyn (*Intal*) • Nedocromil (*Tilade*) • Adrenaline-like: albuterol (*Proventil, Ventolin*), metaproterenol (*Alupent*), pirbuterol (*Maxair*), terbutaline (*Brethaire or Bricanyl*) • Oral steroid (*prednisone, prednisolone, methylprednisolone*) • Theophylline (*Slo-bid capsules, Uni-Dur and Uniphyl tablets*) • Ipratropium (*Atrovent*). Your doctor may prescribe others.

INSTRUCTIONS FOR USING ASTHMA PEAK FLOW DIARY

For adults, teens and children five years of age and over

This asthma diary can help you learn about asthma and asthma medicines. With this information, you and your doctor can work out a written plan that will help you care for your (child's) asthma at home.

1 DATE: Fill in date above the grid.

2 ASTHMA CARE ZONES:

- **Green Zone:** Your current treatment plan is effective.
- **High Yellow Zone:** Avoid triggers and change your medication routine.
- **Low Yellow Zone:** Intensify treatment.
- **Red Zone:** Take emergency medicine and see your doctor or go to Emergency Room.

Put your (child's) personal best peak flow score here: _____. This is the top of the *Green Zone*. Find your personal best score on the table below. List it and the numbers below it on the front of this sheet.

If your (child's) personal best peak flow score has not yet been determined, use the average peak flow score for your (child's) height on a standard chart, e.g., *Children with Asthma*, page 100.

If your (child's) personal best peak flow rate reaches a higher level on two separate days, start a new section by drawing a thick vertical line to indicate the change. Enter the new numbers from the chart below.

3 DAY/NIGHT COLUMNS: Use the clear column for daytime scores (7 a.m. - 7p.m.) and the shaded column for nighttime scores (7 p.m. - 7 a.m.).

4 PLOT PEAK FLOW SCORE: Use an "O" to plot scores blown before taking an inhaled bronchodilator and an "X" to plot scores blown after taking an inhaled bronchodilator. Estimate placement of mark between zone lines.

5 PEAK FLOW TREND: Connect the O's with a line to illustrate a trend. Do the same thing for the X's.

6 MEDICINES: Enter the name, dose, and number of doses per day for each medicine. Put one check mark (/) in the box for each dose given. Medicines:

- Inhaled steroid {*Aerobid*, *Azmacort*, *Beclivent*, *Flovent*, *Pulmicort*, *Vanceryl*}
- Cromolyn (*Intal*) • Nedocromil (*Tilade*) • Adrenaline-like: albuterol (*Proventil*, *Ventolin*), metaproterenol (*Alupent*), pirbuterol (*Maxair*), terbutaline (*Brethaire*, *Bricanyl*)
- Oral steroid (*prednisone*, *prednisolone*, *methylprednisolone*) • Theophylline (*Slo-bid capsules*, *Uni-Dur* and *Uniphyll tablets*) • Ipratropium (*Atrovent*). Your doctor may prescribe others.

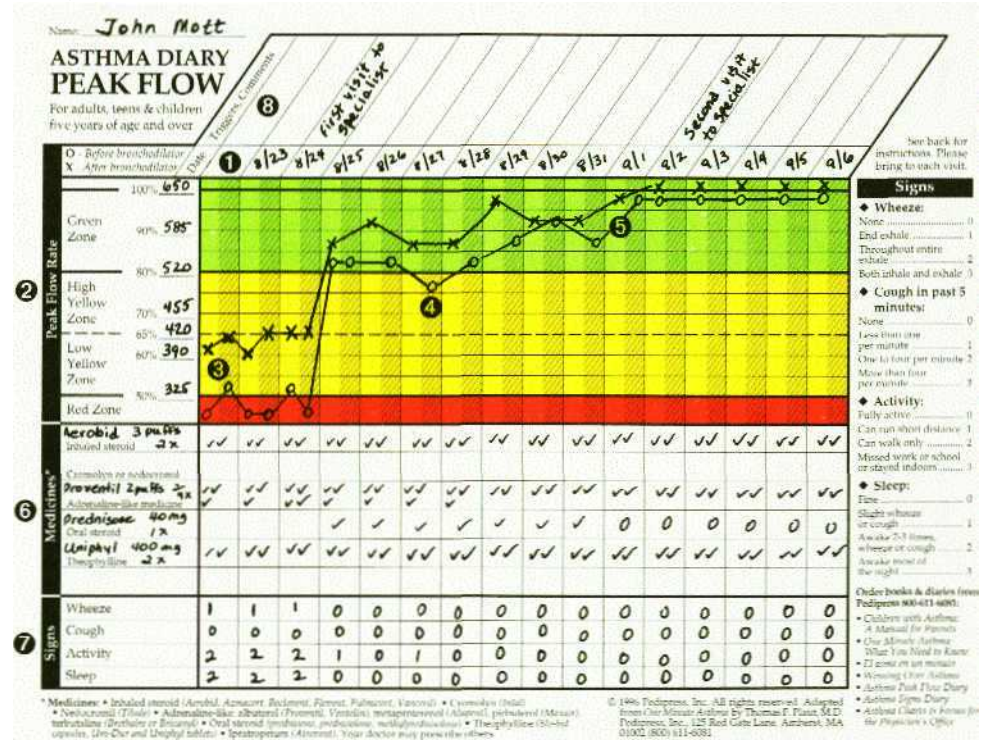
7 SIGNS: Sign scores are listed on the right side of diary. Enter each score by time of day. Cough is assessed during a five minute period.

8 COMMENTS: Enter comments above the date such as "Exposed to cigarette smoke," "Had cold," "Rabbit in school" and "Painting bedroom,"

RELATIONSHIPS: Try to see connections between triggers, medicines and signs. For example, did peak flow drop after contact with a cat or a rabbit? Does peak flow always change with a cold? If not, why not? Anytime there is a change in peak flow, you should look for a trigger.

ILLNESS: If you (or your child) are sick, and you want to record peak flow more often, use several sections to record each day,

MPLE DIARY:



Personal Best - 100%	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	400	420	440	460	480	500	520	540	560	580	600	620	640	660	680	700	720	740	760	780	950
90%	90	100	105	115	125	135	145	150	160	170	180	190	195	205	215	225	235	240	250	260	270	280	285	295	305	315	325	330	340	350	360	375	395	415	430	450	465	485	505	520	540	555	575	595	610	630	645	665	685	700	
High Yellow - 80%	80	90	95	105	110	120	130	135	145	150	160	170	175	185	190	200	210	215	225	230	240	250	255	265	270	280	290	295	305	310	320	335	350	370	385	400	415	430	450	465	480	495	510	530	545	560	575	590	610	625	
70%	70	75	85	90	95	105	110	120	125	130	140	145	155	160	165	175	180	190	195	200	210	215	225	230	235	245	250	260	265	275	280	295	305	320	335	350	365	375	390	405	420	435	445	460	475	490	505	515	530	545	
Low Yellow - 65%	65	70	80	85	90	100	105	110	115	125	130	135	145	150	155	160	170	175	180	190	195	200	210	215	220	230	235	240	245	255	260	275	285	300	310	325	340	350	365	375	390	405	415	430	440	455	470	480	495	505	
60%	60	65	70	75	85	90	95	100	105	115	120	125	130	135	145	150	155	160	165	175	180	185	190	195	205	210	215	220	225	235	240	250	265	275	285	300	310	325	335	345	360	370	385	395	405	420	430	445	455	465	
Red - 50%	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	