

# Asthma Diary Template

Make copies of the following template for your asthma diary. You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Week of: \_\_\_\_\_

If I use a peak flow meter:  
 My personal best peak expiratory flow (PEF) is

My PEF for green zone is \_\_\_\_\_ liters per second (80% to 100% of my personal best\*).

My PEF for yellow zone is \_\_\_\_\_ liters per second (50% to less than 80% of my personal best\*).

My PEF for red zone is less than \_\_\_\_\_ liters per second (less than 50% of my personal best\*).

\* To figure out 80% of personal best peak flow, multiply your personal best by 0.80. To figure out 50% of personal best peak flow, multiply your personal best by 0.50.

If your peak flow is lower than normal, check your asthma action plan or call your doctor.

My current controller medicines are \_\_\_\_\_

| Date | AM/PM peak expiratory flow (if I use a peak flow meter) |        |     | Trigger | Symptoms | Quick-relief medicine and response | Red zone visit to doctor or hospital? |
|------|---|--------|-----|---------|----------|------------------------------------|---------------------------------------|
|      | Green   | Yellow | Red |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |
|      |   |        |     |         |          |                                    |                                       |



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