Campus Health Services
Division of Student Affairs
The University of North Carolina at Chapel Hill

Name:
PID#:
DOB:

(imprint)

28-DAY ASTHMA SYMPTOM AND PEAK FLOW DIARY

Date _____

My predicted peak flow (PF) _____

My personal best peak flow_____

My Zone 1 or Green/OK Zone (asthma OK & under control; PF is >80% of personal best)_____

My Zone 2 or Yellow/Caution Zone (asthma is getting worse; PF is between 60-80% of personal best) _____

My Zone 3 or Red/Danger Zone (asthma is getting severe; PF is between 50-60% of personal best) _____

My Zone 4 or Emergency Zone (PF is below 50%) _____

Date																											
Day of week																											
AM peak flow																											
PM peak flow																											
Zone 1																											
Zone 2																											
Zone 3																											
Zone 4																											
No symptoms																											
Mild symptoms																											
Moderate symptoms																											
Severe symptoms																											
Any medicine																											
Bronchodilator																											
Corticosteroid, oral																											
Corticosteroid, inhaled																											
Long-acting bronchodilator + corticosteroid, inhaled																											
Urgent visit																											

No Symptoms — No symptoms (wheeze, cough, chest tightness, or shortness of breath) even with normal physical activity.

Mild Symptoms — Symptoms during physical activity, but not at rest. It does not keep you from sleeping or being active.

Moderate Symptoms — Symptoms while at rest; symptoms may keep you from sleeping or being active.

Serious Symptoms — Serious symptoms at rest (wheeze may be absent); symptoms cause problems walking or talking; muscles in neck or between ribs are pulled in when breathing.

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