**MY PEAK FLOW DIARY**

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It is important for us to see these results to help us access your breathing.

Please complete this for 2 weeks and then either send us the charts or bring it to your next appointment.

To send us your peak flow results**:**

* Please take a photograph of your peak flow diary and email the photograph to (INSERT E-MAIL)
* Please include your name and date of birth in the email.
* If you are unable to email us, please either drop it into (INSERT LOCATION), or post it back to us.

Thank you.

**What is Peak Flow?**

* Peak Flow is a measurement of how quickly you can blow air out of your lungs.
* If you manage to blow out quickly and forcefully you should get a high score.
* If your airways are tight and inflamed you won’t be able to blow out so quickly and your score will be low.

You need to check your peak flow**:**

* Every day, twice a day for 2 weeks to get a useful pattern
* At the same times of day, in the morning and in the evening
* Before you take your asthma medicine
* Using your best effort each time you blow into the meter so you are comparing like for like
* Using the same peak flow meter each time

**How to use your peak flow meter and diary:**

* Put the pointer back to the first line on the scale
* Stand, or sit upright (choose what’s easiest for you and always do it the same way)
* Take a deep breath
* Make sure your mouth makes a tight seal around the mouthpiece
* Blow as hard and as fast as you can into the meter
* Write down your score
* Do this 3 times in a row so you get 3 scores, and use the highest of these scores to fill in your diary

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| **Date** |  | **Am** | **Pm** | **Extra readings** | **Comments** |  | **Date** |  | **Am** | **Pm** | **Extra****readings** | **Comments** |
|  | **Day 1** |  |  |  |  |  | **Day 1** |  |  |  |  |
|  | **Day 2** |  |  |  |  |  | **Day 2** |  |  |  |  |
|  | **Day 3** |  |  |  |  |  | **Day 3** |  |  |  |  |
|  | **Day 4** |  |  |  |  |  | **Day 4** |  |  |  |  |
|  | **Day 5** |  |  |  |  |  | **Day 5** |  |  |  |  |
|  | **Day 6** |  |  |  |  |  | **Day 6** |  |  |  |  |
|  | **Day 7** |  |  |  |  |  | **Day 7** |  |  |  |  |

Name: ……………………………………………………………………

Date of birth: …………………………………………………………