



*Better
Together*

Patient information

Peak Flow Diary

Medical Division: Royal Liverpool Hospital
and Broadgreen Hospital

Family Doctor (GP).....

 Nurse:
 Tel No:
 Consultant:
 Hospital No:
 Secretary Tel No:.....

Respiratory Specialist Nurses

Royal Liverpool and Broadgreen University Hospitals NHS Trust

Tel: 0151 706 2000

Textphone:18001 0151 706 2000

Helen James, Susan Mault, Natacha Fernades

Tel: 0151 706 2461

Textphone: 18001 0151 706 2461

asthma@rlhut.nhs.uk

- **The purpose of this book is to help you and your health professional know how you are getting on with your asthma.**
- **Please take this book to the hospital or surgery each time you visit.**

Notes

What is peak flow?

Peak flow is a measure of how fast you can blow air out of your lungs. This will tell you how well controlled your asthma is.

When airways become narrowed by asthma, you cannot blow the air out as fast, so your peak flow will be lower than normal.

Peak flow readings do vary, so you should take the readings at the same time each day.

A one –off reading at the hospital or GP surgery will not give the doctor or nurse a true picture of how your asthma is. That is why you should continue to record your peak flow at home.

Why is measuring peak flow useful?

- To tell what's going on in your lungs rather than guessing how you feel.
- Find out if your medicine is working or if you need to change the amount you are taking.
- Keep a record of how well you've been and show this to your GP or asthma nurse.
- Act quickly if your peak flow tells you it's an asthma emergency.

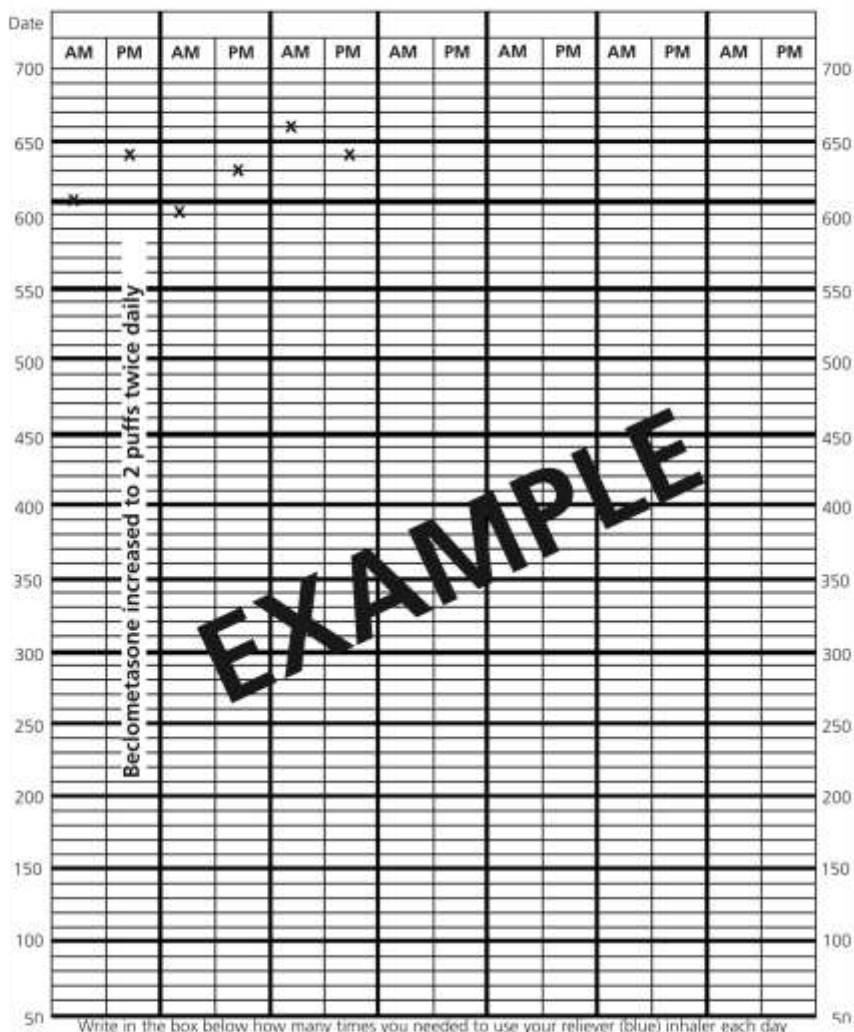
How do I use a peak flow meter?

1. Use before you take your inhalers.
2. Stand up, if you are able to do so, or sit upright.
3. Set the marker to the zero position.
4. Hold the meter in front of your mouth making sure that your fingers are clear of the pointer.
5. Breathe in as fully as possible.
6. Put your lips around the mouthpiece ensuring a good seal.
7. Blow out as hard and as fast as you can.
8. Repeat steps two to six two more times.
9. Mark the **highest** of the three readings on the graph. See example on page 7.

Record your peak flow times a day / week.

- Before inhalers in the morning
- Before inhalers in the evening

My Best Peak Flow (when I am well) is:

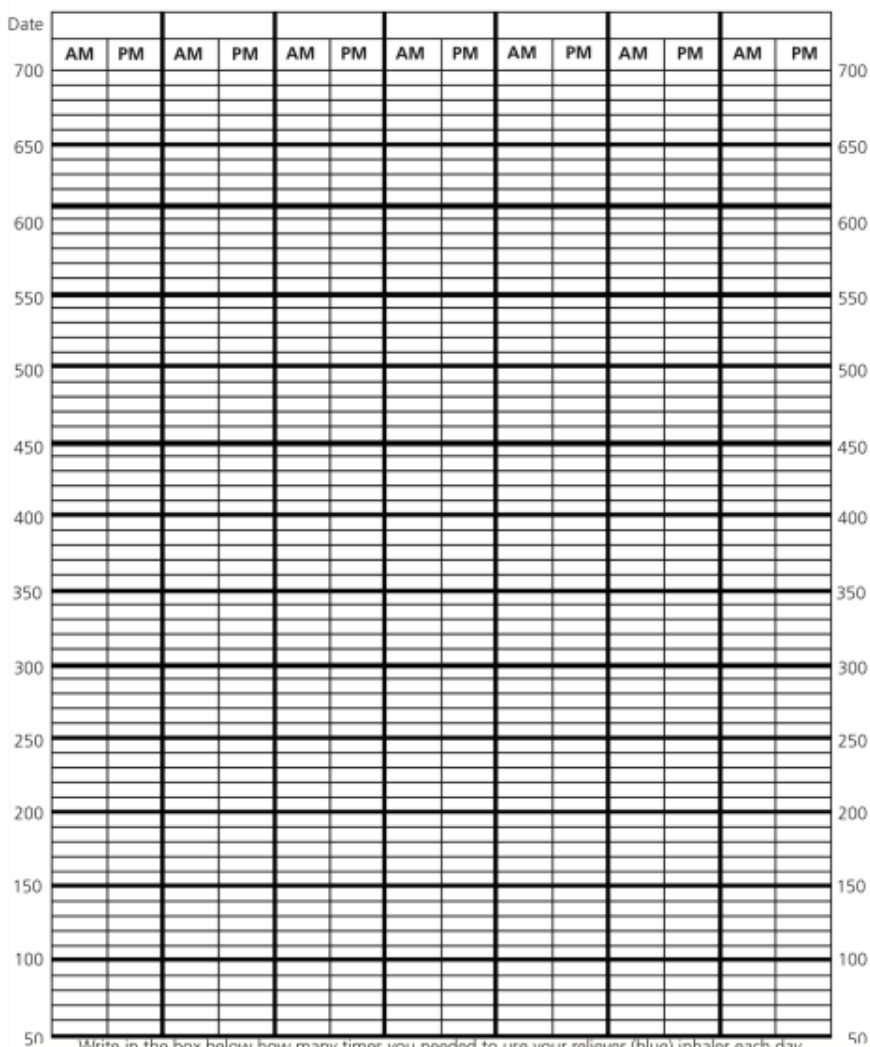
Daily Readings - best of three blows before inhalers

| | | | | | | |
|---|--|--|--|--|--|--|
| 4 | | | | | | |
|---|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers



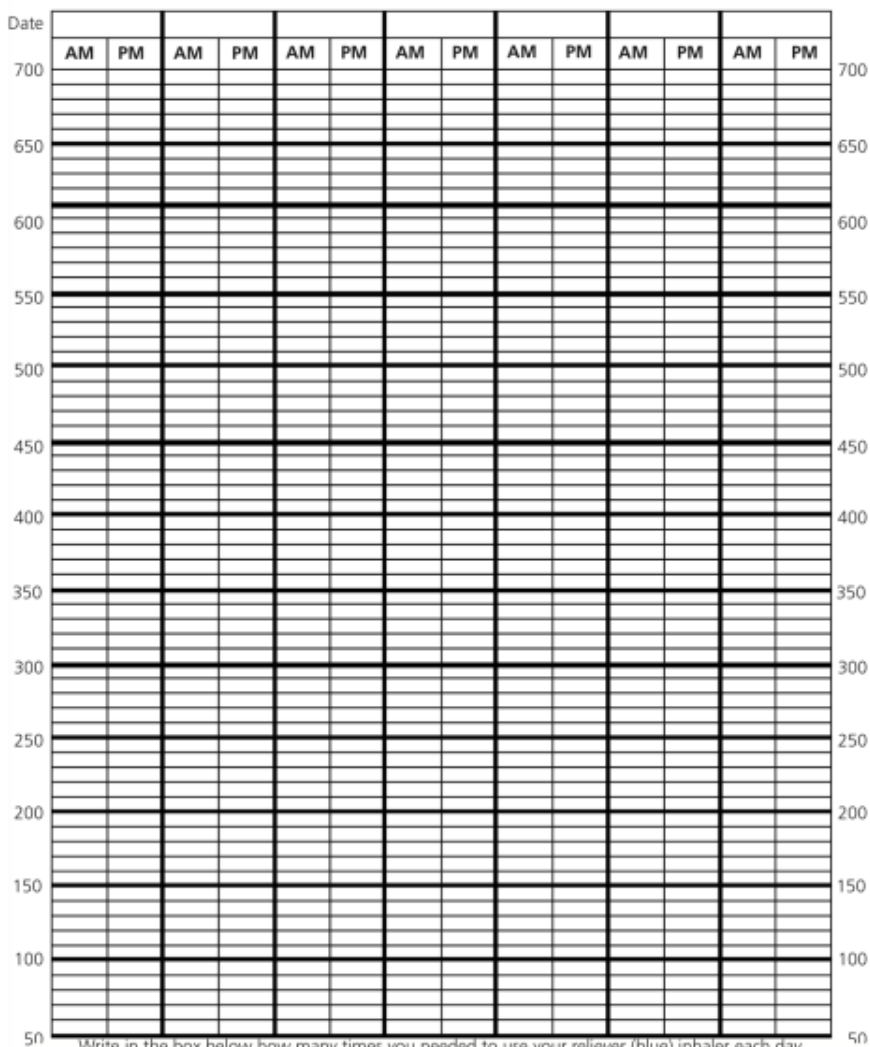
Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers



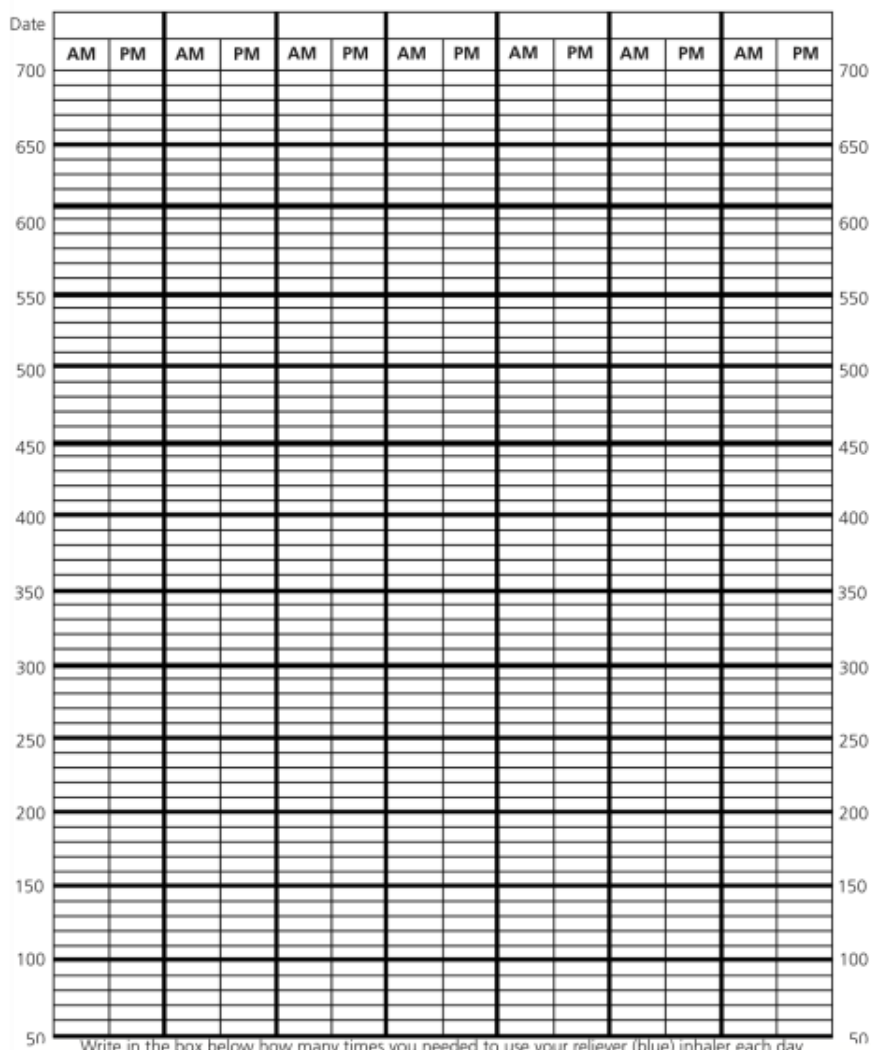
Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers



Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Daily Readings - best of three blows before inhalers

| Date | | | | | | | | | | | | | | |
|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| 700 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 650 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 600 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 550 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 500 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 450 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 400 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 350 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 300 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 250 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 200 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 150 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 100 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |

Write in the box below how many times you needed to use your reliever (blue) inhaler each day

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Record any daily symptoms below

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Further information

Allergy UK

Helpline: 01322 611 641

Website: www.allergyuk.org

Asthma UK

Phone: 0300 222 5800 (Monday – Friday 9am – 5pm)

Website: www.asthma.org.uk

British Lung Foundation

**Phone 0300 030 555(local rate) (Monday – Friday
9am – 5pm)**

Website: www.blf.org.uk

Inhaler instructions

www.rightbreathe.com

Smokefree Liverpool

Phone 0800 061 4212 or 0151 374 2535

Text QUIT to 66777

Website:- www.smokefreeliverpool.co.uk

NHS Website

www.nhs.uk

NHS 111

Tel: 111 (24 hours)

Author: Respiratory Medicine

Review Date: June 2022

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكرونيلا.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字

體、音頻、盲文、穆恩體 (Moon) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پینوندیدار بهو نهخوشانهی له‌لایمن تراستهوه پامهند کراون، ننگر داوا بکرنیت له فۆرماتەکانی تردا بریتی له زامەکانی تر، نیز ی رید (هاسان خویندنهوه)، چاپی گموره، شریتی دنگ، هێلی موون و ئه‌لیکترۆنیکی هیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字
体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhada kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.