|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Date |  |  |  |  |  |  |  |
| Time Waking |  |  |  |  |  |  |  |
| Time Starting <br> Work |  |  |  |  |  |  |  |
| Time Stopping |  |  |  |  |  |  |  |
| Work |  |  |  |  |  |  |  |
| Time Going To |  |  |  |  |  |  |  |
| Bed |  |  |  |  |  |  |  |$\quad$| Jobs Done |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |

## THE ANALYSIS OF YOUR RECORD

Readings taken on days at work are compared with days at home. It is just as important to make readings on days off work as days on work.

Take the peak flow meter with you wherever you go.

When the record is finished post the report forms to :-
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

## IF YOU TAKE TREATMENT FOR YOUR

 CHESTWrite down the treatment on the form and try to take the same treatment each day even if you feel you do not need it.

If you use an inhaler make your peak flow readings immediately before you use the inhaler.
If you need extra doses of your inhaler record this on the form.

## IF YOUR BREATHING BECOMES VERY BAD

Keep recording your peak flow. If you cannot reach 60 units, record this on the form and call your doctor if necessary. Continue your records until you have recovered.

Name:
Company:
Job:
Dates:

This record is known as a peak flow record and it is trying to find the cause of your breathing problem.

Please measure your peak flow every two hours from waking to sleeping, making the first reading as soon as you wake up.

On each occasion make at least three readings. The highest two readings are the best ones and they must be within 20 units of each other. Write down the highest reading opposite the nearest time on the form. If the highest two readings are further apart than 20 units make more readings. It is very important to blow as hard as possible each time.

EACH DAY: Write down the hours that you actually work each day. If you did not work at all put a zero (0) or (OFF).

