

Measurement results of PEF monitoring

Name:

Social security ID (or date of birth):

Height:

cm

Reliever medication name and dose:

Time to wait after reliever medication:

minutes



Write down on this form the scheduled PEF measurement results undertaken in the morning and the evening. Blow at least three PEF measurements at each measurement instance both before and after the reliever medication. If the two best values are greater than 20 l/min apart, do additional 1-2 PEF measurements and write these results down on the same column or the next row. If you have symptoms, do additional symptom measurements and write these symptoms and measurement results on their own row. The duration of the PEF monitoring is usually 2 full weeks. Instructions for the PEF measurement and how to conduct the two week PEF monitoring are found at www.pef.fi.

Date	Time	Before medication	After medication	Observations, symptoms

Date	Time	Before medication	After medication	Observations, symptoms

Date	Time	Before medication	After medication	Observations, symptoms

Date	Time	Before medication	After medication	Observations, symptoms

Return the completed form to : _____