

#### Peak expiratory flow, series, follow-up at workplace Pt-PEF-Pa

The purpose of the examination is to record the variation in peak expiratory flow (PEF) at different times of the day at the workplace and outside the workplace (at home).

#### User instructions for the PEF meter:

- Always blow in the same position either standing up or sitting down. Preferably standing up.
- Reset the meter and keep it level.
- Inhale as much air as you can.
- Put the mouthpiece between your teeth and place your lips tightly around the mouthpiece.
- Blow into the meter a hard, sharp and fairly short blow at maximum power.
- Complete three successful blows at each measurement time. The difference between the two highest PEF values should not be more than 20 l/min. Blow again several times if necessary to reach that goal.

#### Implementation of follow-up at the workplace:

• The follow-up should include at least three work periods that lasts at least three days and three days off work that lasts at least two days. Follow-up period is four weeks total. Both workdays (W) and days off (O) shall be recorded in the PEF follow-up form.

#### PEF measurements:

- When you get up.
- During the day at two (2) hour intervals.
- In the evening before going to bed.
- At night if you wake up.
- Anytime you have symptoms.
- Also before and after taking medication.



Name:				ı	DoB:					
Start day:				ı	End date:					
Height: _										
Regularly	used asth	ıma medi	cine:	4	Asthma m	nedicine ι	sed if ne	eded:		
				[	<u> </u>					
□ I don′t	use regula	ır asthma	medicine							
Day	Time work began	Time work ended	Time I went to bed		Day	Time work began	Time work ended	Time I went to bed		
				1						
				-						
				-						
				1						
				1						
				-						
				-						
				]						



Name: DoB:							
Year: _							
Date	Time	W/O (at work / off work)	Symptoms, asthma medication taken	Specific place at work, tasks, substances used, other factors	PEF	PEF	PEF



Name: DoB:							
Year: _							
Date	Time	W/O (at work / off work)	Symptoms, asthma medication taken	Specific place at work, tasks, substances used, other factors	PEF	PEF	PEF



Name: DoB:							
Year: _							
Date	Time	W/O (at work / off work)	Symptoms, asthma medication taken	Specific place at work, tasks, substances used, other factors	PEF	PEF	PEF



Name: DoB:							
Year: _							
Date	Time	W/O (at work / off work)	Symptoms, asthma medication taken	Specific place at work, tasks, substances used, other factors	PEF	PEF	PEF



Name: DoB:							
/ear: _							
Date	Time	W/O (at work / off work)	Symptoms, asthma medication taken	Specific place at work, tasks, substances used, other factors	PEF	PEF	PEF