

Peak Flow Meter Assessment

Name: _____

Date: _____

Do you Vape? Yes or No

Have you vaped in the last 30 days? Yes or No

Do you smoke? Yes or No

Do you have a chest cold, asthma or upper respiratory issue today? Yes or No

Doing this type of lung function assessment makes me want to take better care of my lungs?

Yes or No

Are you male or female? Male Female

Peak Flow Meter Results: _____ Thank you for helping us with this experiment!

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