ASTHMA SELF-MANAGEMENT GOALS  
*For children 9 years and younger*

Asthma is a very serious disease but can be managed.  
**You are the most important person to help manage your child’s asthma.**

The following goals will help your child feel better, stay out of the hospital, and be active.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I will know how to tell when my child’s asthma is getting worse and call the doctor.</td>
</tr>
<tr>
<td>2</td>
<td>I will help my child follow their action plan and take all their medicines.</td>
</tr>
<tr>
<td>3</td>
<td>I will take all my child’s medicines with me when we go to see their doctor.</td>
</tr>
<tr>
<td>4</td>
<td>I will learn what triggers my child’s asthma and help them stay away from those triggers.</td>
</tr>
</tbody>
</table>
| 5    | I will help my child to know how to use- (check as many as you like)  
  - MDI____  
  - Spacer__  
  - Peak Flow Meter___  
  - Relaxation/Belly Breathing___ |
| 6    | I will know my child’s- (check as many as you like)  
  - Early asthma warning signs___  
  - Green, Yellow, Red Peak Flow Zones___  
  - Red Flags___ |
| 7    | How will I know if my child’s asthma is under control? What will they be able to do or want to do that they cannot do now? (check as many as you like)  
  - Sleep through the night___  
  - Run____  
  - Not miss school___  
  - Stay out of the hospital and emergency room___  
  - Be able to take medicines without side effects___  
  - Feel good about controlling my child’s asthma___ |

**For Adults in the home of asthmatic children**

<table>
<thead>
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<th>Description</th>
</tr>
</thead>
</table>
| 8    | If I am a smoker- (check as many as you like)  
  - I will ask my doctor for advice on how to quit smoking____  
  - I will read materials about the dangers of second hand smoke____  
  - I will set a target date to quit smoking____  
  - I will smoke ____ less cigarettes a day____  
  - I will smoke outside of the house at all times____  
  - I will not smoke in the car with my asthmatic child/grandchild___ |
| 9    | I will try to reduce the following asthma triggers in my home-  
  - Dust Mites___, Mold___, Animal Dander___, Cockroaches___,  
  - Smoking____, Strong Odors___. |
Asthma is a very serious disease but can be managed.  
**You and your parents are the most important people to manage your asthma.**

The following goals will help you feel better, stay out of the hospital, and be active.

<table>
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<tr>
<th>Goal</th>
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<tbody>
<tr>
<td>1</td>
<td>I will know how to tell when my asthma is getting worse, tell an adult, and take my Albuterol.</td>
</tr>
<tr>
<td>2</td>
<td>I will follow my action plan and take all my medicines.</td>
</tr>
<tr>
<td>3</td>
<td>I will take all my medicines with me when I go to see my doctor.</td>
</tr>
<tr>
<td>4</td>
<td>I will learn how to prevent an asthma attack by knowing my triggers.</td>
</tr>
</tbody>
</table>
| 5    | I will know how to use- (check as many as you like)  
  ▪ MDI  
  ▪ Spacer  
  ▪ Peak Flow Meter  
  ▪ Relaxation/Belly Breathing |
| 6    | I will know my- (check as many as you like)  
  ▪ Early asthma warning signs  
  ▪ Green, Yellow, Red Peak Flow Zones  
  ▪ Red Flags |
| 7    | How will I know if my asthma is under control?  What will I be able to do or want to do that I cannot do now? (check all that you would like to do)  
  ▪ Sleep through the night  
  ▪ Run  
  ▪ Not miss school  
  ▪ Stay out of the hospital and emergency room  
  ▪ Be able to take my medicines without side effects  
  ▪ Feel good about controlling my asthma  
  ▪ Other- |
| 8    | If I am a smoker- (check as many as you like)  
  ▪ I will ask my doctor for advice on how to quit smoking  
  ▪ I will read materials about the dangers of second hand smoke  
  ▪ I will set a target date to quit smoking  
  ▪ I will smoke ___ less cigarettes a day  
  ▪ I will smoke outside of the house at all times  
  ▪ I will not smoke in the car with my asthmatic child/grandchild |
| 9    | I will try to reduce the following asthma triggers in my home-  
  Dust Mites, Mold, Animal Dander, Cockroaches, Smoking, Strong Odors. |