










## 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.**

<b>Goal 1</b>	I will know how to tell when my child's asthma is getting worse and call the doctor.	
<b>Goal 2</b>	I will help my child follow their action plan and take all their medicines.	
<b>Goal 3</b>	I will take all my child's medicines with me when we go to see their doctor.	
<b>Goal 4</b>	I will learn what triggers my child's asthma and help them stay away from those triggers.	
<b>Goal 5</b>	I will help my child to know how to use- (check as many as you like) <ul style="list-style-type: none"> <li>▪ MDI _____</li> <li>▪ Spacer _____</li> <li>▪ Peak Flow Meter _____</li> <li>▪ Relaxation/Belly Breathing _____</li> </ul>	
<b>Goal 6</b>	I will know my child's- (check as many as you like) <ul style="list-style-type: none"> <li>▪ Early asthma warning signs _____</li> <li>▪ Green, Yellow, Red Peak Flow Zones _____</li> <li>▪ Red Flags _____</li> </ul>	
<b>Goal 7</b>	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) <ul style="list-style-type: none"> <li>▪ Sleep through the night _____</li> <li>▪ Run _____</li> <li>▪ Not miss school _____</li> <li>▪ Stay out of the hospital and emergency room _____</li> <li>▪ Be able to take medicines without side effects _____</li> <li>▪ Feel good about controlling my child's asthma _____</li> </ul>	
<b>For Adults in the home of asthmatic children</b>		
<b>Goal 8</b>	If I am a smoker- (check as many as you like) <ul style="list-style-type: none"> <li>▪ I will ask my doctor for advice on how to quit smoking _____</li> <li>▪ I will read materials about the dangers of second hand smoke _____</li> <li>▪ I will set a target date to quit smoking _____</li> <li>▪ I will smoke _____ less cigarettes a day _____</li> <li>▪ I will smoke outside of the house at all times _____</li> <li>▪ I will not smoke in the car with my asthmatic child/grandchild _____</li> </ul>	
<b>Goal 9</b>	I will try to reduce the following asthma triggers in my home- Dust Mites _____, Mold _____, Animal Dander _____, Cockroaches _____, Smoking _____, Strong Odors _____.	









## ASTHMA SELF-MANAGEMENT GOALS

*For use with children 10 years and older*

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.**

<b>Goal 1</b>	I will know how to tell when my asthma is getting worse, tell an adult, and take my Albuterol.	
<b>Goal 2</b>	I will follow my action plan and take all my medicines.	
<b>Goal 3</b>	I will take all my medicines with me when I go to see my doctor.	
<b>Goal 4</b>	I will learn how to prevent an asthma attack by knowing my triggers.	
<b>Goal 5</b>	I will know how to use- (check as many as you like) <ul style="list-style-type: none"> <li>▪ MDI_____</li> <li>▪ Spacer_____</li> <li>▪ Peak Flow Meter_____</li> <li>▪ Relaxation/Belly Breathing_____</li> </ul>	
<b>Goal 6</b>	I will know my- (check as many as you like) <ul style="list-style-type: none"> <li>▪ Early asthma warning signs_____</li> <li>▪ Green, Yellow, Red Peak Flow Zones_____</li> <li>▪ Red Flags_____</li> </ul>	
<b>Goal 7</b>	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) <ul style="list-style-type: none"> <li>▪ Sleep through the night_____</li> <li>▪ Run_____</li> <li>▪ Not miss school_____</li> <li>▪ Stay out of the hospital and emergency room_____</li> <li>▪ Be able to take my medicines without side effects_____</li> <li>▪ Feel good about controlling my asthma_____</li> <li>▪ Other-_____</li> </ul>	
<b>For Adults in the home of asthmatic children-</b>		
<b>Goal 8</b>	If I am a smoker- (check as many as you like) <ul style="list-style-type: none"> <li>▪ I will ask my doctor for advice on how to quit smoking_____</li> <li>▪ I will read materials about the dangers of second hand smoke_____</li> <li>▪ I will set a target date to quit smoking_____</li> <li>▪ I will smoke _____ less cigarettes a day_____</li> <li>▪ I will smoke outside of the house at all times_____</li> <li>▪ I will not smoke in the car with my asthmatic child/grandchild_____</li> </ul>	
<b>Goal 9</b>	I will try to reduce the following asthma triggers in my home- Dust Mites____, Mold____, Animal Dander____, Cockroaches____, Smoking____, Strong Odors_____.	