

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.

Goal 1	I will know how to tell when my child's asthma is getting worse and call the doctor.	
Goal 2	I will help my child follow their action plan and take all their medicines.	
Goal 3	I will take all my child's medicines with me when we go to see their doctor.	
Goal 4	I will learn what triggers my child's asthma and help them stay away from those triggers.	
Goal 5	I will help my child to know how to use- (check as many as you like) <ul style="list-style-type: none"> ▪ MDI _____ ▪ Spacer _____ ▪ Peak Flow Meter _____ ▪ Relaxation/Belly Breathing _____ 	
Goal 6	I will know my child's- (check as many as you like) <ul style="list-style-type: none"> ▪ Early asthma warning signs _____ ▪ Green, Yellow, Red Peak Flow Zones _____ ▪ Red Flags _____ 	
Goal 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) <ul style="list-style-type: none"> ▪ 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		
Goal 8	If I am a smoker- (check as many as you like) <ul style="list-style-type: none"> ▪ 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 _____ 	
Goal 9	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.

Goal 1	I will know how to tell when my asthma is getting worse, tell an adult, and take my Albuterol.	
Goal 2	I will follow my action plan and take all my medicines.	
Goal 3	I will take all my medicines with me when I go to see my doctor.	
Goal 4	I will learn how to prevent an asthma attack by knowing my triggers.	
Goal 5	I will know how to use- (check as many as you like) <ul style="list-style-type: none"> ▪ MDI_____ ▪ Spacer_____ ▪ Peak Flow Meter_____ ▪ Relaxation/Belly Breathing_____ 	
Goal 6	I will know my- (check as many as you like) <ul style="list-style-type: none"> ▪ Early asthma warning signs_____ ▪ Green, Yellow, Red Peak Flow Zones_____ ▪ Red Flags_____ 	
Goal 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) <ul style="list-style-type: none"> ▪ 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-_____ 	
For Adults in the home of asthmatic children-		
Goal 8	If I am a smoker- (check as many as you like) <ul style="list-style-type: none"> ▪ 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_____ 	
Goal 9	I will try to reduce the following asthma triggers in my home- Dust Mites____, Mold____, Animal Dander____, Cockroaches____, Smoking____, Strong Odors_____.	