

## MY ASTHMA SELF MANAGEMENT PLAN

This week I will work on Goal number \_\_\_\_\_ which is \_\_\_\_\_

(how much) \_\_\_\_\_

(when) \_\_\_\_\_

(how many) \_\_\_\_\_

**How confident are you? 0=not at all confident 10=totally confident \_\_\_\_\_**

Day	Check Off	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

*In writing your goal be sure it includes:*

- *Goal Number and what you are going to do.*
- *How much you are going to do.*
- *When you are going to do it.*
- *How many days a week you are going to do it.*