

Patient name:

DOB:

Today's date:

My asthma self-management goal



Take maintenance inhalers every day



Keep all doctor visits



Use rescue inhaler only as needed



Take breaks when exercising if needed



Identify & Avoid Triggers



Know my warning signs



Follow Asthma Action Plan



Stop smoking and avoid cigarette smoke

One way I want to improve my health is (e.g. use my maintenance inhalers): _____

My goal for this week is (e.g. using it everyday as directed): _____

When will I do it (e.g. in the morning and evening): _____

Where I will do it (e.g. in the bathroom): _____

How will I remember to do it (e.g. set a reminder): _____

What might get in the way of the plan (e.g. not being home): _____

What can I do about it (e.g. carry the inhaler with me): _____

How confident am I that I can reach this goal: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not										Totally
At all										Confident

Follow-up plan (how and when): _____