



Asthma self-management goals





for children up to nine years old

Patient name _____
Date of birth _____
Daytime phone # _____
Address _____
City/State/Zip _____
Today's date _____

Follow up time frame:

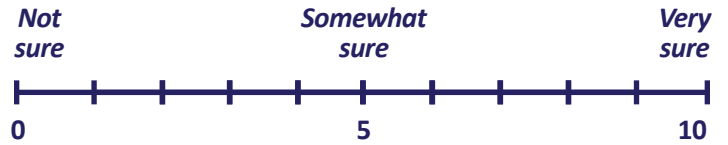
Goal setting

1. Choose an activity goal below:

-  I will learn how to tell when my child's asthma is getting worse and call the doctor.
- I will know my child's (check all that apply):
 - Early asthma warning signs
 - Green, yellow, and red peak flow zones
 - Red flags
-  I will help my child follow their action plan and take all their medicines.
-  I will learn asthma triggers and how to prevent them.
- I will help my child know how to use (check all that apply):
 - Spacer
 - Belly breathing
 - Peak flow meter
-  **Protect asthmatic children in the home**
 - Reduce asthma triggers in your home
 - Dust mites
 - Strong odors
 - Smokers
 - Mold
 - Cockroaches
 - Animal dander
 - If I smoke:
 - I'll ask my doctor how to quit smoking
 - I'll smoke _____ less cigarettes per day
 - I'll set a date to quit smoking
 - I'll eliminate secondhand smoke

2. Choose your confidence level:

I think I can succeed at this goal:



3. Fill in the following for your chosen goal:

What: _____

When: _____

How much: _____

How often: _____

Barriers to meeting goal: _____

Clinician signature _____