Adult Asthma Self-Management Plan

Work with your doctor to complete this plan. Check all boxes that apply to you.

Treatment goals
Treatment goals for (name) __________________:
- Be free from severe symptoms day and night, including sleeping through the night
- Have the best possible lung function
- Be able to participate fully in any activities of your choice
- Not miss work or school because of asthma symptoms
- Not need emergency visits or hospitalizations for asthma
- Use asthma medications to control asthma with as few side effects as possible

Add your personal goals here:

Daily monitoring
Record daily self-monitoring actions in the asthma diary your doctor gives you. Bring these records to your next appointment with your doctor:
- **Peak flow**: At least every morning when you wake up, before taking your medication, measure and record your peak flow.
- **Symptoms**: Note if you had asthma symptoms (shortness of breath, wheezing, chest tightness, or cough) and rate how severe they were during the day or night: mild, moderate, severe.
- **Use of your quick-relief inhaler (bronchodilator)**: Keep a record of the number of puffs you needed to use each day or night to control your symptoms.
- **Actual use of daily medications**: Record medication use.
- **Activity restriction**: Record any asthma symptoms that kept you from doing your regular activities.

Asthma education
Survival skills
- Recognize asthma symptoms and abnormal peak flow readings that require action.
- Know how to use asthma medications properly.
- Know when to use which asthma medications.
- Understand importance of follow-up visits for education and care.

Lifestyle changes
- Recognize and know how to avoid your asthma triggers.
- Understand how your lungs work and what airway changes occur in asthma.
- Know how to use relaxed breathing techniques.
- Keep your immunizations up-to-date.

Health promotion
Learn how the following can help you manage your asthma:
- Stress management
- Nutrition
- Exercise

For more education on how to manage your asthma, contact:

Asthma care checklist
Asthma severity classification: ___________

Lung function testing
- Spirometry date: ___________
- Forced expiratory volume in 1 second: _______ L (_____ % predicted)

Daily asthma medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Times / Day</th>
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<tbody>
<tr>
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Assessment of triggers/allergy testing
- Tobacco exposure
- Work/occupation
- Home/school environment

<table>
<thead>
<tr>
<th>Perennial</th>
<th>Seasonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>house dust mites</td>
<td>trees</td>
</tr>
<tr>
<td>cockroaches</td>
<td>grasses/weeds</td>
</tr>
<tr>
<td>mice</td>
<td>pollens/molds</td>
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<td>animals/pets</td>
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<td>pollens/molds</td>
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</table>

Assessment of rescue bronchodilator used
- ___________ container(s) per ____________

Medication intolerance or interactions
- __________________
- __________________

Other conditions
- Gastroesophageal reflux
- Sinusitis/rhinitis
- Sleep apnea
- Other __________________

Annual flu vaccination