

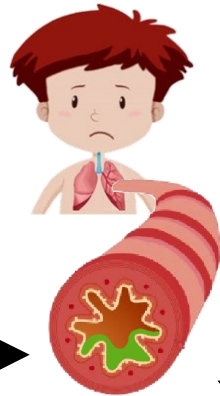
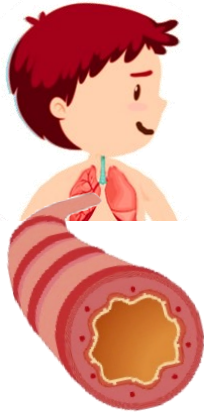
**1. My Asthma Goals:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. My Asthma Symptoms**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. What is Asthma?**

**Normal Airway**  
 My open breathing tube



**Asthma Attack**  
 My closing breathing tube

\_\_\_\_\_

\_\_\_\_\_

**3. My Asthma Triggers**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

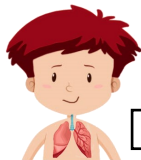
Smoke exposure?    No    Yes  
   

**5. Treating My Asthma**

**6. Going Home!**

Who helps make sure I take my medicines: At home: \_\_\_\_\_

My asthma doctor/provider's name is:



At school: \_\_\_\_\_

\_\_\_\_\_

I have my asthma action plan.

I am good at using inhaler with spacer

For more information about asthma visit:  
<https://www.cookchildrens.org/pulmonology/specialty-programs/asthma>