



ALBERTA ASTHMA CENTRE

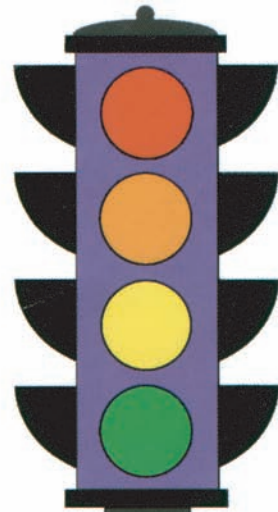
University of Alberta  
11402 University Avenue  
Aberhart Centre One  
Edmonton, AB T6G 2J3

Tel: 780.407.3178 or Fax: 780.407.3608

www.asthmacentre.org

This is \_\_\_\_\_'s

# Asthma Action Plan Diary



Alberta Asthma Centre  
Acknowledges the generous contributions of:

Dr. Carina Majaesic and  
Alberta Children's Hospital Asthma Clinic



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Action Plan for: \_\_\_\_\_

AHC Number: \_\_\_\_\_

Know when your asthma gets worse and what to do.

Green light

I know my asthma is great if I:

- Do not wheeze, cough or have trouble breathing when I play
- Do not wheeze, cough or have trouble breathing at night
- Use my 'reliever' medicine (such as Ventolin) less than 3 times a week

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Peak flow is above: \_\_\_\_\_

Yellow light

I know my asthma feels different if I:

- Wheeze, cough or have trouble breathing but it goes away when I take my 'reliever' medicine
- Wheeze, cough or have trouble breathing at night time but it goes away with 'reliever' medicine
- Use my 'reliever' medicine once a day
- Come in contact with my triggers (i.e. cold, animals, etc.)

- \_\_\_\_\_
- \_\_\_\_\_

Peak flow is above: \_\_\_\_\_

Orange light

I know my asthma feels bad if I:

- Wheeze, cough or have trouble breathing a lot in the day
- Wheeze, cough or have trouble breathing a lot at night
- Use my reliever medicine and it does not help after 3 hours

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Peak flow is less than: \_\_\_\_\_

Red light

I know my asthma scares me if:

- Medicine used for relief does not help
- Breathing is difficult
- I have trouble walking or talking
- My lips or nails turn blue

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Peak flow is less than: \_\_\_\_\_

## Monitor Your Asthma Control:

Answer these questions each day:

(Look at the response below to help answer the questions.)

- A. Did you wheeze, cough or have trouble breathing today?
- B. Did you wake up last night and wheeze, cough or have trouble breathing?
- C. Did you have trouble playing today because of your asthma?
- D. Did you miss school today because of your asthma? Y=yes N=no
- E. Did you go to the doctor or hospital today because of your asthma? Y=yes No=no

### A. Responses:

- 0 = not at all
- 1 = a little bit
- 2 = yes, I took my reliever medicine
- 3 = yes, a lot

### B. Responses:

- 0 = not at all
- 1 = yes, but I fell back asleep
- 2 = yes, I needed my reliever medicine
- 3 = yes, I woke up a lot

### C. Responses:

- 0 = not at all
- 1 = a little bit
- 2 = some, I had to take my reliever medicine
- 3 = a lot, I had to stop playing

## Peak Flow:

- A peak flow meter can sometimes help you know how well your asthma is controlled.
- Mark on the graph the best of your three blows.
- Do this in the morning and the evening or as needed.
- Do your peak flow before you take your medication, or as advised by your doctor.

## Asthma Medicine:

- Print the names of your asthma medicine below.
- When you use your medicine, mark the number of puffs or pills you take on the chart.

| Medicine       | Dose |
|----------------|------|
| 1. (Preventer) |      |
| 2.             |      |
| 3. (Reliever)  |      |
| 4.             |      |
| 5.             |      |

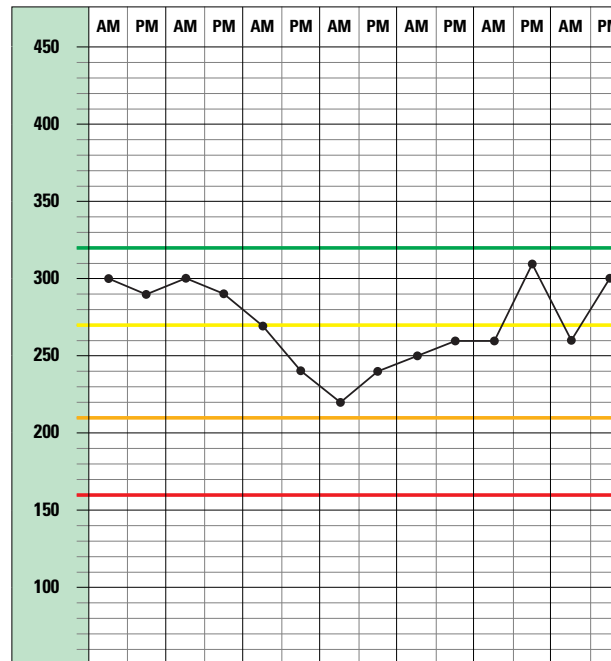
## Notes:

- Print things that may have triggered your asthma today such as smoke, colds and running.
- print any other medicine you took today.

Sample chart on right

| DATE | July 3 | 4   | 5   | 6   | 7    | 8   | 9   |     |
|------|--------|-----|-----|-----|------|-----|-----|-----|
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|----|---|---|---|---|---|---|---|
| a. | 0 | 0 | 2 | 2 | 1 | 1 | 2 |
| b. | 0 | 0 | 1 | 2 | 1 | 0 | 1 |
| c. | 0 | 0 | 1 | 1 | 1 | 0 | 0 |
| d. | N | N | N | Y | N | N | N |
| e. | N | N | N | N | N | N | N |

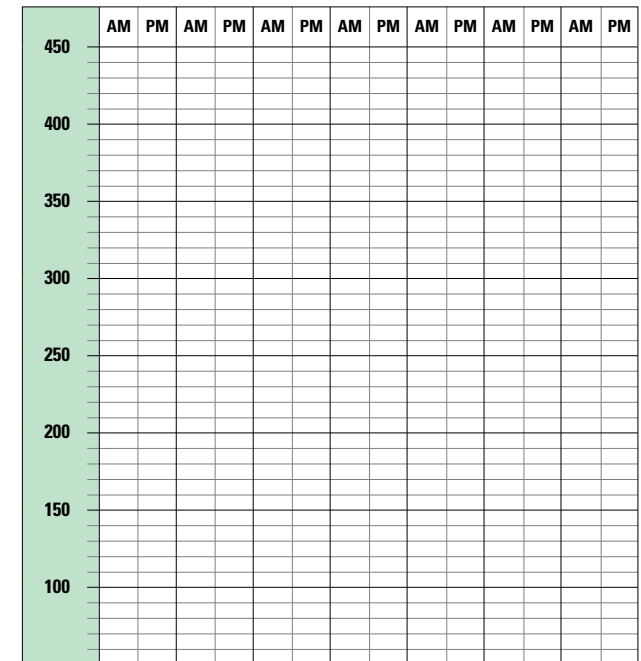


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BIKE RIDE  
 ROLLER BLADING  
 SORE THROAT-RESTED  
 COLD  
 COLD  
 FEELING BETTER  
 AT FRIENDS WITH CATS

| DATE |  |     |     |     |      |     |     |     |
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