

YOUR ASTHMA ACTION PLAN



I AM:

- Breathing easily.
- Not coughing or wheezing.
- Working, sleeping and playing easily.

MY PEAK FLOW READING:

80% to 100% of my personal best.

My doctor recommends these medications _____

My doctor also recommends that I



I AM:

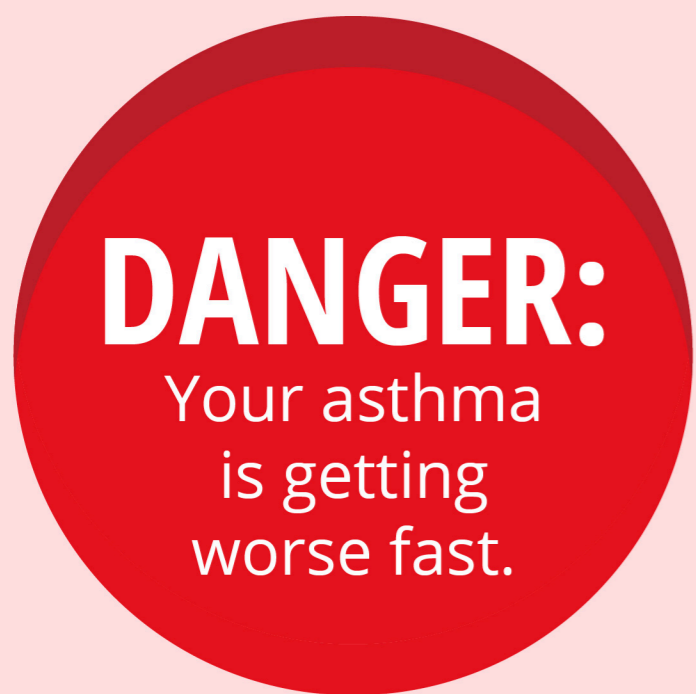
- Coughing, wheezing or feeling shortness of breath.
- Feeling tightness in my chest.
- Waking up at night.
- Experiencing the first signs of a cold.

MY PEAK FLOW READING:

50% to 79% of my personal best.

My doctor recommends these medications _____

My doctor also recommends that I



I AM:

- Not getting relief with my medication.
- Breathing hard and fast.
- Struggling to talk.

MY PEAK FLOW READING:

Less than 50% of my personal best.

My doctor recommends these medications _____

My doctor also recommends that I

Get medical treatment now. _____
