You may run into obstacles that make it hard for you to control your asthma. Knowing and preparing for some of these obstacles can help you stay on track.

Common obstacles include forgetting to take your medicine and not planning ahead.

Check out what some other teens are doing.

I remember my medicine by …
- setting my cell phone alarm
- putting my medicine by my toothbrush

When I am at school or work I …
- always carry my rescue inhaler with me.
- go into the bathroom when I need to use my inhaler so that no one has to see me.
- tell my close friends that I have asthma so they can help me.

For more information, please contact:

Asthma Center
Cincinnati Children’s Hospital Medical Center
Appointment: 513-636-2601
Advice / Refills: 513-636-6771
After Hours: 513-636-4200

Great job! You are making progress towards controlling your asthma better. The longer you continue to make healthy choices, the easier it will be to develop habits that you can keep for the rest of your life.
I plan ahead by:

- Having two inhalers, one for home and one for my sports bag/backpack.
- Making my appointments right away and writing them down on a calendar or putting them in my cell phone.
- Asking, before I spend time at a friend’s house, if anyone smokes there so I can avoid exposing myself to triggers for my asthma.
- Using my rescue inhaler 15 – 20 minutes before exercise if I have exercise induced asthma.

What Can I Do?

<table>
<thead>
<tr>
<th>I plan ahead by:</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>

My Personal Action Plan

Something I want to improve or change (a health goal or other personal goal):

___________________________________________________________________________

___________________________________________________________________________

How important is it to me to make this change? (Circle a number)

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</table>

Other people can help me by:

___________________________________________________________________________

___________________________________________________________________________

Information I might need in accomplishing my goal:

___________________________________________________________________________

___________________________________________________________________________

Celebrate Success!

I’ll know my plan is working when:

___________________________________________________________________________

___________________________________________________________________________

I will celebrate my success by:

___________________________________________________________________________

___________________________________________________________________________

Some other teens have celebrated success by

- Eating out, buying new clothes/shoes/jewelry, going to the movies, buying a new ring tone or music.

Solutions for Success

How confident am I that I can carry out this plan? (Circle a number)

<table>
<thead>
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What might make it difficult for me to achieve my goal (what are the obstacles)?

___________________________________________________________________________

___________________________________________________________________________

Steps I will take to make this change (i.e. what, when, how & with whom)

A. ______________________________________________________________________

___________________________________________________________________________

B. ______________________________________________________________________

___________________________________________________________________________

C. ______________________________________________________________________

___________________________________________________________________________

D. ______________________________________________________________________

___________________________________________________________________________