



# My Asthma Calendar

Month: \_\_\_\_\_ Name: \_\_\_\_\_

Goal: \_\_\_\_\_

Use this calendar to record:



Your asthma symptoms



When you take your medicine(s)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							

Remember to bring all your asthma medicine and devices to every asthma appointment, even if you are not taking them right now.

For more information visit [www.ucalgary.ca/icancontrolasthma](http://www.ucalgary.ca/icancontrolasthma)

