

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

