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## Respiratory/Asthma Action Plan & Participant Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program.

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

Date of Birth: \_\_\_\_\_ Dates Plan in Effect: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Treating Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Personal Best Peak Flow: \_\_\_\_\_

The colors of the traffic light will help you use your asthma medications and notify staff of how to support you in the event of an occurrence.



**Green means Go Zone!**  
 Use preventative medicine.



**Yellow means Caution Zone!**  
 Add quick-relief medicine.



**Red means Danger Zone!**  
 Get help from a doctor.

### Green Zone Action Plan

Peak Flow from \_\_\_\_\_ to \_\_\_\_\_

You have *all* of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

Medicine	How Much	How Often/When

### Yellow Zone Action Plan

Peak Flow from \_\_\_\_\_ to \_\_\_\_\_

You have *any* of these:

- First signs of a cold
- Exposure to unknown trigger
- Cough/Mild wheeze
- Tight chest
- Coughing at night

Medicine	How Much	How Often/When

### Red Zone Action Plan

Peak Flow from \_\_\_\_\_ to \_\_\_\_\_

If your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Trouble speaking
- Ribs showing (in children)

Medicine	How Much	How Often/When