

Name: _____

Date: _____

Asthma

H G U O C B F G I C R E B O P R I M I N G K C K
P A T G Z U J D J M R J T G K M J R N E G U K G
P S Y M M O U L N W E A R N X V F E A J R A C B
A O A I I J Y W W K D K I I L J H S L U S D T R
R E K O M S K C A V Z G G N B X C C P B V T Q E
Y E L L O W Z O N E O V G E C Z B U N A N K N A
V X Y A F B U S A A N J E T R C C E O S D V H T
P W T I Q B S Q T S E Y R H Q T H M I T U W X H
I X M U G Z U S Q R U X S G C L V E T H W P G I
N L Q P D Y U S E L O K A I R T X D C M X E J N
F M M D E U H B H N N N R T F R L I A A K A L G
L S D I I G B G P J T A G D M O D C A W Y K Y T
A F H Q M B Q R O S T H P S E H W I M B F F A R
M Q G C K C O E L P R E G I M X M N H H L L Y E
M Y T O E Z A E L I F A D I H E E E T Q I O U A
A Y D N V R R N E F A R F C T A L Z S Q N W L T
T V H T H D E Z N F S R O Y G T G L A B H M H M
I Q Y R G J Z O J F M L B N U P S U S S A E T E
O X L O R R I N K O X W I T O U O E T L L T Q N
N B I L P E L E R D E Z B M M E S K H N E E M T
C Q I L E C U X R V E Z W W F R F B J C R R Q S
G G D E T A B M B E T S E J B A I D D G T X K O
D D W R S P E F H J Z H P O M L U C F E W E P C
D X S R C S N W M A P S Z E H F T Q S G H R D N

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|----------------------|--------------------|-----------------|-----------------|
| Breathing treatments | Asthma action plan | Peak flow meter | Chest tightness |
| Rescue medicine | Strong smells | Inflammation | Yellow zone |
| Tightening | Green zone | Controller | Nebulizer |
| Red zone | Flare up | Triggers | Wheezing |
| Priming | Inhaler | Pollen | Asthma |
| Spacer | Smoke | Cough | Pets |