Staying Active with Exercise-Induced Asthma
*Use this tool to help talk to your physician about starting a new physical activity or fitness routine.

Patient Name: ________________________________
Address: ________________________________
City: ___________________ State: ________________
Zip Code: ____________ Phone: ________________________

1. I would like to start these activities:

   Activity One: ____________________________________________
   Duration: ____________________________ Intensity: □ Light □ Moderate □ High

   Activity Two: ___________________________________________
   Duration: ____________________________ Intensity: □ Light □ Moderate □ High

   Activity Three: ____________________________________________
   Duration: ____________________________ Intensity: □ Light □ Moderate □ High

2. When I am physically active, I experience:
   □ Coughing
   □ Feeling nervous
   □ Chest tightness
   □ Excessive increase in heart rate
   □ Wheezing
   □ Dry mouth
   Other: ____________________________________________

3. Medication use (include prescribed as well as over-the-counter drugs):

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<th>DOSE</th>
<th>USE</th>
<th>PHYSICIAN</th>
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