## Health Journal

$\downarrow$ American<br>$\neq$ Lung Association.<br>Patient \& Caregiver Network

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## APPENDIX

- My Resources
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January

## January



New beginnings can happen anytime.

# Write down your worries and clear your mind. 

January


[^0]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

Pests

Food

Cleaning

Dust

Cold/Flu

Mold

Exercising

Hot or cold weather



Other:

How were my symptoms?


Mild

Bad

What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

# "Our life is shaped by our mind, for we become what we think." <br> - Siddhartha Gautama 

February

## February



Every winter has a spring.

## A list of everything that's going right.

February


[^1]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

Pests

Food

Cleaning

Dust

Cold/Flu

Mold

Exercising

Hot or cold weather



Other:

How were my symptoms?



Mild
Bad


What did I do about my symptoms today?


Medication

Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

## Your bravery shines brighter than any darkness.

March

## March



March confidently in the direction of your dreams.

## The power of perseverance knows no bounds. Keep pushing forward.

March

|  |  |  |  |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| Today I feel | (-) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| My Fatigue Level* | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| \# of times I took relief meds | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I took my regular meds today | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I slept well last night | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I rested when I could | $y / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I stretched / I was active | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hydrated \& ate well | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was mindful to reduce stress | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stress level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognitive slowness / fog level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had trouble coping today | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had a virus / illness | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[^2]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

Pests

Food

Cleaning

Dust

Cold/Flu

Mold

Exercising

Hot or cold weather



Other:

How were my symptoms?



Mild

Bad

What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

## Do something loving for yourself today.

April

## April



After the rain comes the flowers.

## Your journey may be challenging, but your spirit is strong.

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| \# of times I took relief meds | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I took my regular meds today | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I slept well last night | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I rested when I could | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I stretched / I was active | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hydrated \& ate well | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was mindful to reduce stress | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stress level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognitive slowness / fog level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had trouble coping today | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had a virus / illness | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[^3]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

Pests

Food

Cleaning

Dust

Cold/Flu

Mold

Exercising

Hot or cold weather



Other:

How were my symptoms?


Mild

Bad

What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

## Progress isn't linear. Keep going.

May

## May



May everything good come your way.

## Each day is a new chapter in your story.

May

|  |  |  |  |  | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| Today I feel | (-) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| My Fatigue Level* | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| \# of times I took relief meds | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I took my regular meds today | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I slept well last night | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I rested when I could | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I stretched / I was active | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hydrated \& ate well | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was mindful to reduce stress | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stress level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognitive slowness / fog level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had trouble coping today | $\mathrm{y} / \mathrm{n}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had a virus / illness | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[^4]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

Pests

Food

Cleaning

Dust

Cold/Flu

Mold

Exercising

Hot or cold weather



Other:

How were my symptoms?


Mild

Bad

What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

Believe you can and you will.

June

## June



## One step, one page, one breath at a time.

June


[^5]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

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Cold/Flu

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Hot or cold weather



Other:

How were my symptoms?



Mild
Bad


What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

## Every breath is a reminder of your resilience.

July

## July



## Find joy in the simple moments.



[^6]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

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Food

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Exercising

Hot or cold weather



Other:

How were my symptoms?


Mild

Bad

What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

# Trust the plan that the universe has for you. 

August

## August



## Be yourself, everyone else is taken.

August


[^7]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

What was around me or what was I doing when my symptoms got worse?

Smoke

Pets

Pests

Food

Cleaning

Dust

Cold/Flu

Mold

Exercising

Hot or cold weather



Other:

How were my symptoms?



Mild

Bad

What did I do about my symptoms today?


Other:


# Monthly Reflection 

This month, I am most grateful for:

What I want to remember about this month:

A difficult moment that I overcame this month:

Something I want to remember as I move into next month:

## Mindfulness

Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

## Joy is a renewable resource.

September

## September



## Choose kindness, love, and gratitude as your companions.

## September



[^8]
## Symptom Tracker

## Date:

Where was I when my symptoms got worse?

Home

Work

School

Outdoors

When did my symptoms get worse?


Night

Other:

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Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

# Think positive thoughts and watch magic happen. 

October

## October



# Hope whispers, <br> "Yes, you can!" 

October


[^9]
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Identify one thing you can do that's within your control:

## All we really have is the present moment.

November

## November



Gratitude is the attitude that makes life more beautiful.

## Embrace your journey, for it shapes your story.

## November

Wellness Tracker


[^10]
## Symptom Tracker

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Identify a barrier or struggle that you're having:

Identify one thing you can do that's within your control:

## Love is healing energy.

December

## December



Give and receive love in every interaction.

## Every step forward is a victory worth celebrating.

## December

|  |  |  |  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 2526 | 27 | 28 | 29 | 30 | 31 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | ()) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To | (6) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (-) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My Fatigue Level* | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \# of times I took relief meds | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I took my regular meds today | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I slept well last night | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I rested when I could | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I stretched / I was active | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I hydrated \& ate well | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I was mindful to reduce stress | y/n |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stress level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognitive slowness / fog level* | 0-3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had trouble coping today | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I had a virus / illness | $y / n$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

[^11]
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## Mindfulness

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Identify one thing you can do that's within your control:

## You can do hard things.

Appendix

## My Resources

Podcasts:

## Good reads:

Articles:

## Health \& Wellness Tips

## Keep Moving:

Aim for at least 30 minutes of moderate activity most days of the week.

## Don't Skimp on Sleep:

Healthy adults need 7-9 hours of sleep every night, and kids need more.

## 5 Simple Ways to De-Stress

- $\quad$ Sit in the sun for a few minutes
- Slowly count backwards
- Kick off your shoes and put on slippers
- Look at photos of people you love
- Go for a walk or do some yoga poses


## 10 Healthy Snack Ideas:

- Apple \& Peanut Butter
- Low-fat cottage cheese \& fruit
- Frozen grapes
- Hard-boiled egg
- Low sodium beef jerky
- Oatmeal with fruit
- Tuna salad on cucumber slices
- Plain popcorn
- Baby carrots \& low-fat dip
- Celery \& cream cheese


## Strengthen Social Connections:

Reconnect with loved ones. Join groups, volunteer, ask for help when you need it.

## Practice Self-Compassion:

Be patient and kind to yourself, especially when you're frustrated, sad or anxious.

15 Super Immune Boosters:

- Almonds
- Broccoli
- Citrus
- Cruciferous Vegetables
(kale, cabbage)
- Garlic
- Ginger
- Green tea
- Kiwi
- Live-culture yogurt
- Papaya
- Poultry
- Red bell peppers
- Shellfish
- Sunflower Seeds
- Turmeric


[^0]:    * $0=$ not at all and $3=$ extremely

[^1]:    * $0=$ not at all and $3=$ extremely

[^2]:    * 0 = not at all and 3 = extremely

[^3]:    * $0=$ not at all and $3=$ extremely

[^4]:    * 0 = not at all and 3 = extremely

[^5]:    * 0 = not at all and 3 = extremely

[^6]:    * $0=$ not at all and $3=$ extremely

[^7]:    * $0=$ not at all and $3=$ extremely

[^8]:    * 0 = not at all and 3 = extremely

[^9]:    * 0 = not at all and 3 = extremely

[^10]:    * 0 = not at all and 3 = extremely

[^11]:    * 0 = not at all and 3 = extremely

