Staying Active with Lung Disease

*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                         □ Can’t catch my breath
   □ Feeling nervous                  □ Feeling tired
   □ Chest tightness                  □ Need to clear throat repeatedly
   □ Excessive increase in heart rate □ Unable to keep up or continue activity
   □ Wheezing                        □ Need to use my quick-relief inhaler
   □ Dry mouth
   Other: __________________________________________________________________

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

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<tr>
<th>Drug</th>
<th>Dose</th>
<th>Use</th>
<th>Physician</th>
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