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