



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):

Drug	Dose	Use	Physician
1.			
2.			
3.			
4.			
5.			