American Lung Association.

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.			