

MY SYMPTOMS JOURNAL



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IMPORTANT NAMES AND NUMBERS

SERVICE

Primary Care Physician (PCP)

Name: _____ Phone Number: _____

Lung Doctor (Pulmonologist)

Name: _____ Phone Number: _____

Emergency Contact Person

Name: _____ Phone Number: _____

Hospital

Name: _____ Phone Number: _____

Pharmacy

Name: _____ Phone Number: _____

Respiratory Therapist

Name: _____ Phone Number: _____

Dietitian

Name: _____ Phone Number: _____

Other People to Contact

Name: _____ Phone Number: _____

Job or Relationship: _____

Other: _____

DO YOU KNOW YOUR MEDICINES?

Check the appropriate box below each question. If you're not sure what to answer, ask your healthcare practitioner or pharmacist.

<p>Do you have a prescription for a "Rescue Medication?"</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did your doctor instruct you on how and when to use your "Rescue Medication?"</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>When you use your "Rescue Medication," do you use the following?</p> <p><input type="checkbox"/> Inhaler <input type="checkbox"/> Inhaler + Spacer</p>
<p>Do you have a prescription for a "Daily Use" maintenance medication?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were you instructed to take your daily "maintenance" medicines every day by your doctor?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you take your daily "maintenance" medicines every day?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you take other medicines for COPD such as Oral Steroids, Antibiotics?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Were you instructed by your physician when to take these medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you discuss these medicines with your doctor at each visit to make sure you know when to use them?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

January

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

Irritants or Things That Made Symptoms Worse

- Respiratory infections
- Exercise
- Changes in the weather
- Indoor or outdoor air pollution
- Exposure to cigarette or other smoke
- Exposure to things that cause allergies
- Chemicals or other irritants at work
- Worry or stress
- Other/something else

Types of Medicines Used This Month

- Rescue medicine
- Maintenance medicine

February

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
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April

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
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- Respiratory infections
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- Other/something else

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May

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

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June

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

Irritants or Things That Made Symptoms Worse

- Respiratory infections
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- Exposure to cigarette or other smoke
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July

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

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- Respiratory infections
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August

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

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- Respiratory infections
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September

Symptoms

- Shortness of breath
- Cough
- Producing sputum (phlegm)
- Wheezing
- Tightness in chest
- Weight loss
- Feeling sad or depressed

Irritants or Things That Made Symptoms Worse

- Respiratory infections
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- Shortness of breath
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November

Symptoms

- Shortness of breath
- Cough
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- Weight loss
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December

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- Weight loss
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