

DAILY COPD LOG

INFORMATION

Name: _____ **Date:** _____

Why are you seeing the doctor?
 Scheduled checkup Worsening or new symptoms Side effects from treatment Other:

SYMPTOMS

What COPD symptoms have you had since your last visit? (Check all that apply.)
 Breathlessness Cough Excess mucus Chest tightness Wheezing Other:

How much are these symptoms bothering you?
 Not very much Moderately A lot

Compared to how you felt during your last visit, are your symptoms better or worse now?
 Better The same Worse

What activities make you feel breathless? (Check all that apply.)
 An intense workout Walking up the stairs Walking across a room Any activity, like getting dressed

Do you think your symptoms are interfering with any of the following? (Check all that apply.)
 Exercise Sleep Work Mood Appetite Daily life

TREATMENT

What medicines are you taking? (List additional medicines on the other side)

Name	Dosage	Frequency
1.		
2.		
3.		
4.		
5.		

Do you feel like your treatments have been helping?
 Yes Somewhat No Not sure

Have you been taking your medicines as prescribed?
 Yes Usually No

Do you use oxygen? (Check all that apply.)
 All the time During exercise While I sleep I don't use my oxygen

If you haven't been using your prescribed treatments, why not? (Check all that apply.)
 Side effects High cost Forgetfulness Difficulty using treatment

If you have been having side effects from your treatments, describe them.

LIFESTYLE

How often do you exercise?
 Most days A few times a week Occasionally Never

How much do you smoke?
 Never Occasionally ____ cigarettes per day

COMMENTS AND QUESTIONS FOR YOUR DOCTOR

SOURCES:
 Norman Edelman, MD, chief medical officer, American Lung Association.
 Gail Weinmann, MD, deputy director, NHLBI's Division of Lung Diseases, Washington D.C.
 American Lung Association.
 Global Initiative for Chronic Obstructive Lung Disease.
 National Heart Lung and Blood Institute.