

GENERAL INFORMATION	Your contact details		
	Your healthcare professional's contact details		
	Your emergency contact		
GOALS	What would you like to be able to do?		
	What outcomes would you like to avoid?		
LUNG HEALTH	Exercise		
	Diet		
	Weight		
	Pulmonary rehabilitation		
VACCINATIONS	Vaccination name	Date received	Next due date
OXYGEN LEVEL	Resting:	Active:	Sleeping:
MEDICINES	Medicine	Dosage	Frequency
TRIGGERS	List the factors which make your symptoms		
BREATHLESSNESS PLAN	Actions to take when you feel breathless (see issue 1)		
MANAGING MOOD AND EMOTIONS	Check how you are feeling and if you need additional help		
COPD ACTION PLAN	Good day	Signs	Actions
	Bad day	Signs	Actions
	Emergency	Signs	Actions
MANAGING OTHER HEALTH CONDITIONS	Actions and medications		