

**INTRODUCTION
SELF-ASSESSMENT**

My Self-Management Profile

	YES	NO
I understand my lung disease		
I assess my symptoms daily		
I take my medications regularly, as prescribed		
I have an Action Plan for flare-ups		
I notify my healthcare provider when I notice my health changing		
I am up to date on my vaccinations – influenza, pneumonia		
I mostly make nutritious food choices		
I feel well rested most of the time		
I feel mostly happy		
I am able to pursue my hobbies		
I have Advance Directives in place		
Number of times I exercise per week: _____		
I smoke		
I have thought about quitting		
I have tried to quit before		
I have tried using medication to help me quit		
I have tried to quit by joining a quit program		
I am ready to try again		