

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 recommended vaccinations (influenza, pneumonia, COVID-19, RSV).		
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:		

	YES	NO	N/A
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.			