Patient name: **DOB:**   **Today's date:**

My COPD self-management goal

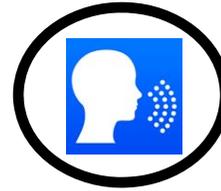**Avoid dust and fumes**

Take my medicine every day

Walk every day

Breathing exercises 3-4 times a day

Cough and deep breathe daily

Check my zone daily

Balance activity and rest periods

Stop smoking- Avoid smoke

One way I want to improve my health is:

_____

My goal for this week is (*example: take my medicine every day*)

_____

When will I do it (*example: with meals*) _____

Where I will do it (*example: kitchen*) _____

How will I remember to do it (*example: pillbox*)

_____

What might get in the way of the plan (*example: running out*)

_____

What can I do about it (*example: plan a week ahead/order refills*)

_____

How confident am I that I can reach this goal: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not										Totally
At all										Confident

Follow-up plan (*how and when*):_____