

Staying Active with Exercise-Induced Asthma

*Use this tool to help talk to your physician about starting a new physical activity or fitness routine.

Patient Name: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____ **Phone:** _____

1. I would like to start these activities:

Activity One: _____

Duration: _____ Intensity: Light Moderate High

Activity Two: _____

Duration: _____ Intensity: Light Moderate High

Activity Three: _____

Duration: _____ Intensity: Light Moderate High

2. When I am physically active, I experience:

Coughing

Can't catch my breath

Feeling nervous

Feeling tired

Chest tightness

Need to clear throat repeatedly

Excessive increase in heart rate

Unable to keep up or continue activity

Wheezing

Need to use my quick-relief inhaler

Dry mouth

Other: _____

3. Medication use (include prescribed as well as over-the-counter drugs):

DRUG	DOSE	USE	PHYSICIAN
1.			
2.			
3.			
4.			
5.			