COPD
Daily Evaluation

Name _____ Date _____

Doctor's Name _____ Phone _____

Emergency Contact _____ Phone _____

Green Zone Days

These are my normal days	Actions to take
☐ I can do my usual activities and exercise. ☐ I am not coughing more than usual. ☐ I sleep well at night. ☐ My eating and appetite feel normal ☐ My mucous is normal.	☐ I will take all my medicines as prescribed. ☐ I will keep my doctor appointments. ☐ I will use my oxygen if prescribed. ☐ I will eat and exercise regularly. ☐ I will avoid inhaled irritants and bad air days. ☐ I will update my COPD action plan every six months

Yellow Zone Days

These are my bad days	Actions to take
☐ I have a low grade fever. ☐ I am using my rescue inhaler with little relief. ☐ My cough is more frequent. ☐ My mucus is increasing in amount or thickness. ☐ I am more tired and have trouble sleeping. ☐ I have new or more ankle swelling. ☐ I am more breathless than normal. ☐ I don't feel like eating.	☐ I will limit my activity and use breathing techniques. ☐ I will use my oxygen as prescribed. ☐ I will take my regular medicines as prescribed. ☐ I will get plenty of rest. ☐ I will report these changes to my doctor ☐ I will start special medicines* as arranged by my doctor: _____

Red Zone Days

Days when I need help right away	Actions to take
☐ I feel disoriented, confused or my speech is slurred. ☐ I have severe shortness of breath or chest pain. ☐ I have a blue color around my fingers or lips. ☐ I am coughing up blood. ☐ My medicine is not helping. ☐	☐ I will call 911 for help right away. ☐ I will start these special medicines: _____ _____

*If symptoms do not improve in one day after taking special medicine, call your doctor.

COPD Action Plan

Complete the following table every six months and bring it with you to your next doctor's visit. Mark the box below with an X that describes how you feel when doing these activities.

	Responses			
Activity	**I can do this without any problems**	**I can do this with minor problems**	**I have a hard time doing this**	**I cannot do this**
Clean house				
Make my bed				
Brush my teeth				
Comb my hair				
Bathing or Showering				
Walking				
Climbing stairs				
Working				
Sleeping				
Exercising				
Cooking				
Washing dishes				