

Pulmonary Fibrosis Now!

WEEKLY UPDATE

Name: _____ Dates: _____

Summary of Symptoms	
Kind of Symptom	✓ or X
Coughing	
Difficulty breathing	
Muscle aches and pains	
Fatigue	
GERD or acid reflux	
IBS (Irritable Bowel Syndrome)	
Weight loss	
Anxiety	
Depression	
Other:	
Other:	
Other:	

Side Effects from Medications	
Side Effect	✓ or X
Nausea	
Lack of appetite	
Diarrhea	
Other:	

Information on Oxygen Levels & Supplementation			
	Blood Oxygen (SP02) Levels		Supplemental Oxygen Usage
Day	Morning	Evening	Liters per minute
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Exercise & Activity Log		
Type of Activity	Frequency	Difficulty
Walking		
6 minute walk test	1x per month	
Pulmonary rehab		
Breathing exercises		
Mindfulness & meditation		
Yoga		
Stretching		
Other:		

What felt good?	
Foods & herbs:	
Supplements:	
Medications:	
Activities:	
Therapies:	

What felt bad?	
Foods & herbs:	
Supplements:	
Medications:	
Activities:	
Therapies:	

Upcoming Appointments	
Name	Date & Location

Mindfulness Moments	
Highlights of my week:	
Challenges of my week:	
Overall quality of life this week:	
Inflammation levels this week:	
Progress I've made:	
Goals for next week:	