

About My COPD Care Record

Use this chart to keep track of your doctor visits and the progress you've made on your COPD goals.

Each Visit—Questions to Answer		/ /	/ /	/ /
Symptoms in Past Week	Number of days with shortness of breath at rest			
	Number of days with shortness of breath during exercise			
	Number of days shortness of breath interfered with daily activities			
	Number of days with coughing and mucus			
Treatment	Do I need help quitting smoking?			
	Did I take my medicines as directed?			
	Am I using my inhaler(s) the right way?			
	Have I received my annual flu vaccine?*			
Readiness	Do I have an up-to-date COPD Treatment Plan?			
	Am I confident that I can follow my treatment plan?			
	Have I scheduled my next COPD office visit?			

*You may also need to receive a pneumonia vaccine once (a booster may be needed after 5 years).

About My COPD Care Record

Use this chart to keep track of your doctor visits and the progress you've made on your COPD goals.

Each Visit—Questions to Answer		/ /	/ /	/ /
Symptoms in Past Week	Number of days with shortness of breath at rest			
	Number of days with shortness of breath during exercise			
	Number of days shortness of breath interfered with daily activities			
	Number of days with coughing and mucus			
Treatment	Do I need help quitting smoking?			
	Did I take my medicines as directed?			
	Am I using my inhaler(s) the right way?			
	Have I received my annual flu vaccine?*			
Readiness	Do I have an up-to-date COPD Treatment Plan?			
	Am I confident that I can follow my treatment plan?			
	Have I scheduled my next COPD office visit?			

*You may also need to receive a pneumonia vaccine once (a booster may be needed after 5 years).



My COPD Goals—What Are They?

You are the most important person in controlling your COPD. Talk with your doctor to help you choose one or more goals you are ready to work on now.

Goal 1



Stop Smoking

- I will ask my doctor about a program to help me quit smoking.
- I will think of all the reasons why I should quit and then take the steps to quit.
- If I slip up, I will try again.

Goal 2



Medicine

- I will take my medicine(s) as directed.
- I will ask questions when I do not understand my doctor's instructions.
- I will learn how to use my inhaler and have my doctor check how I use it at every visit.

Goal 3



Doctor Visits

- I will keep my doctor appointments even when I feel fine.
- I will ask my doctor to test my lung function.
- I will ask my doctor about getting flu and pneumonia shots.

Goal 4



Exercise

- I will learn pursed lip breathing exercises.
- I will walk or exercise for ___ minutes ___ days every week if my doctor says it's okay.
- I will learn how to save energy by pacing myself.
- I will take breaks after activity.

Goal 5



Diet

- I will eat a balanced diet.

Goal 6



Air Pollutants

- I will keep my home free of smoke, fumes, and strong smells.
- I will stay away from smoky places.
- I will stay inside as much as possible when the air quality outside is poor.

Goal 7



Social Support

- I will talk to family and friends about how having COPD makes me feel.
- I will join a COPD support group.
- I will let my doctor know if I feel sad or down for several weeks or more.

EMERGENCY: Go to the hospital right away if: ① it is hard to breathe, talk, or walk; ② your lips or fingernails look blue; ③ your heartbeat is fast or irregular. **If your symptoms suddenly get worse and don't get better after taking your quick-relief medicine, call your doctor or go to the emergency room.**

SPIROMETRY and COPD*:

A SPECIAL TEST TO HELP DETERMINE THE HEALTH OF YOUR LUNGS



What Is Spirometry?

There are many tests to detect or screen for diseases or medical problems. A test called spirometry (spy-rom-ih-tree) shows how well your lungs are working. It is also called Pulmonary (pull-muh-nair-ee) Function Testing.

Spirometry

- *Measures the amount of air you can breathe out and the amount of time taken to do so*
- *Lets your healthcare practitioner check how well your lungs are working*
- *Shows if you have any lung problems*

Why Is Spirometry Important in COPD?

A spirometry test may

- *Confirm a diagnosis of COPD*
- *Show how severe your COPD is*
- *Help your healthcare practitioner decide what medicines and other health instructions to give you*
- *Show how well your medicine and other disease management activities are working*

*Chronic obstructive pulmonary disease (a lung disease that includes both chronic bronchitis and emphysema).



HOW A SPIROMETRY TEST WORKS



What Happens in a Spirometry Test?

- *The testing machine is called a spirometer*
- *The test is very simple. Your healthcare practitioner will show you how it works*
- *The spirometer has a tube that you put in your mouth*
- *Your healthcare practitioner*
 - *may put a nose clip on your nose to prevent air from leaking*
 - *will ask you to take a deep breath in and breathe out through your mouth as hard and as fast as you can*
- *That's it! After the test, your healthcare practitioner will explain the results to you*

What Are the Important Measurements (Scores) in a Spirometry Test?

- *How much air you breathe out in one second (Forced Expiratory Volume in One Second or FEV₁)*
- *How much air you breathe out in one breath (Forced Vital Capacity or FVC)*
- *The ratio, which is the relationship between FEV₁ and FVC (FEV₁/FVC ratio)*

What Do the Spirometry Scores Mean?

- *You may have abnormal lung function if you have an FEV₁/FVC ratio of less than 70%*
- *If you have been diagnosed with COPD, your healthcare practitioner*
 - *will find out how severe your disease is*
 - *will compare your spirometry scores to prior tests that you have had*
 - *may give you follow-up spirometry tests to help show if the treatment plan is helping your lungs*

Boehringer Ingelheim Pharmaceuticals, Inc. has no ownership interest in any other organization that advertises or markets its disease management products and services.

A patient educational resource provided by Boehringer Ingelheim Pharmaceuticals, Inc.



Wellness Checklist for Adults*

To stay healthy, it's important to get the care you need. This chart tells you what exams, tests, and vaccines you need and when to get them. It will help you make sure you are doing what you can to help protect your health.

For each section on the chart:

1. Read the "Recommendations" box.
2. Write down the date of your last exam, test, or vaccine in the "Date Completed and Results" box.
3. Place a check mark in the "Action Needed" box if you need to follow up.

Then, call your healthcare provider to follow up on any actions you need to take.

Remember to take this wellness checklist to your appointment.

	Recommendations	Date Completed and Results	Action Needed
Blood Pressure (BP)¹	<ul style="list-style-type: none"> • Check at least every 2 years <i>Check more often if your BP is high</i>	Date: _____ Reading: _____ My BP goal: _____	<input type="checkbox"/>
Cholesterol^{2,3}	<ul style="list-style-type: none"> • Starting at age 20, check at least every 5 years <i>Check more often if your cholesterol is high</i>	Date: _____ Results: _____ My cholesterol goal: _____	<input type="checkbox"/>
Colon Cancer Screening⁴	<ul style="list-style-type: none"> • Stool sample test every year <i>Starting at age 50, get a colonoscopy every 10 years</i> <i>Ask your healthcare provider if you are at higher risk or if you need earlier and additional tests</i>	Date: _____ Results: _____	<input type="checkbox"/>
Eyes⁵	<ul style="list-style-type: none"> • Have a baseline exam between ages 20 and 29 <i>Get follow-up exams as often as your eye doctor recommends</i>	Date of last complete eye exam: _____	<input type="checkbox"/>
General Preventive Care	<ul style="list-style-type: none"> • Keep an ongoing relationship with a healthcare provider and get the care you need 	Date of last physical: _____	<input type="checkbox"/>
Vaccines <ul style="list-style-type: none"> • Tetanus-diphtheria⁵ • Flu (influenza)⁶ • Travel to another country 	<ul style="list-style-type: none"> • Every 10 years (may need booster vaccine after an injury) • Every year for people who are over 50 or at high risk • Ask your healthcare provider 1 to 2 months before leaving for another country <i>Ask your healthcare provider about new vaccines or recommendations</i>	Date of last vaccine: _____ Date of last vaccine: _____ Are you going to another country? Yes___No___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Skin⁷	<ul style="list-style-type: none"> • Check yourself for any spots, sores, and moles <i>See your healthcare provider if you're not sure about anything you find</i>	Do every month	<input type="checkbox"/>
Teeth^{8,9}	<ul style="list-style-type: none"> • Get an exam and cleaning every 6 months • Brush twice a day and floss once a day 	Date of last exam and cleaning: _____	<input type="checkbox"/>

*Guidelines for children may differ. Please ask your healthcare provider for more information.

For Women Only

Recommendations	Date Completed and Results	Action Needed
Breast Self-exam¹⁰ <ul style="list-style-type: none"> Starting at age 20, check your breasts for lumps, dimpling, or discharge <i>See your healthcare provider if you're not sure about anything you find</i>	Do every month	<input type="checkbox"/>
Mammogram¹⁰ <ul style="list-style-type: none"> Every year starting at age 40 <i>Earlier if you are at higher risk for breast cancer</i> <i>Speak with your healthcare provider to see if you are at higher risk</i>	Date of last mammogram: _____ Results: _____	<input type="checkbox"/>
Pelvic Exam With Pap Test¹⁰ <ul style="list-style-type: none"> Three years after you start having vaginal intercourse or no later than age 21 Every 1 to 3 years as directed by your healthcare provider 	Date of last exam with Pap test: _____ Results: _____	<input type="checkbox"/>

For Men Only

Recommendations	Date Completed and Results	Action Needed
Prostate Cancer Screening¹⁰ <ul style="list-style-type: none"> Every year starting at age 50 <i>Earlier if you are at higher risk for prostate cancer</i> <i>Speak with your healthcare provider to see if you are at higher risk</i>	Date of last exam: _____ Results: _____	<input type="checkbox"/>
Testicular Self-exam¹¹ <ul style="list-style-type: none"> Optional, but once a month if you have risk factors <i>Ask your healthcare provider if you have risk factors</i> <i>See your healthcare provider if you're not sure about anything you find</i>	Do every month	<input type="checkbox"/>

References: 1. American Heart Association. Blood pressure testing and measurement. Available at: <http://www.americanheart.org/presenter.jhtml?identifier=4470>. Accessed September 21, 2006. 2. American Heart Association. Get your cholesterol checked. Available at: <http://www.americanheart.org/presenter.jhtml?identifier=541>. Accessed September 21, 2006. 3. Agency for Healthcare Research and Quality, US Department of Health and Human Services. Pocket guide to good health for adults: 3. Checkups, tests, and shots. Available at: <http://www.ahrq.gov/ppip/adguide/checkups.htm>. Accessed September 28, 2006. 4. American Cancer Society. Colorectal cancer: early detection. Available at: http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp. Accessed September 21, 2006. 5. American Academy of Ophthalmology. Information from your eye M.D.: when should you see an eye M.D. Available at: www.aao.org/patients/eyemd/statement.cfm. Accessed November 14, 2006. 6. Department of Health and Human Services, Centers for Disease Control and Prevention. Recommended adult immunization schedule. United States, October 2006-September 2007. Available at: <http://www.cdc.gov/nip/recs/adult-schedule.pdf>. Accessed November 14, 2006. 7. American Cancer Society. How do I protect myself from UV? Available at: http://www.cancer.org/docroot/PED/content/ped_7_1x_Protect_Your_Skin_From_UV.asp?sitearea=&level=. Accessed September 25, 2006. 8. Colgate World of Care. Dental visits—the dentist visit and what to expect. Available at: <http://www.colgate.com/app/Colgate/US/OC/Information/OralHealthBasics/CheckupsDentalVisit/WhatToExpect.cvsp>. Accessed September 21, 2006. 9. American Dental Association. Oral health topics A-Z: cleaning your teeth and gums (oral hygiene). Available at: <http://www.ada.org/public/topics/cleaning.asp>. Accessed September 21, 2006. 10. American Cancer Society. American Cancer Society guidelines for the early detection of cancer. Available at: http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp. Accessed September 25, 2006. 11. American Cancer Society. Can testicular cancer be found early? Available at: http://www.cancer.org/docroot/cr/content/cr_2_4_3x_Can_Testicular_Cancer_Be_Found_Early_41.asp. Accessed September 25, 2006.



My COPD Goals—What Are They?

You are the most important person in controlling your COPD. Talk with your doctor to help you choose one or more goals you are ready to work on now.

Goal 1



Stop Smoking

- I will ask my doctor about a program to help me quit smoking.
- I will think of all the reasons why I should quit and then take the steps to quit.
- If I slip up, I will try again.

Goal 2



Medicine

- I will take my medicine(s) as directed.
- I will ask questions when I do not understand my doctor's instructions.
- I will learn how to use my inhaler and have my doctor check how I use it at every visit.

Goal 3



Doctor Visits

- I will keep my doctor appointments even when I feel fine.
- I will ask my doctor to test my lung function.
- I will ask my doctor about getting flu and pneumonia shots.

Goal 4



Exercise

- I will learn pursed lip breathing exercises.
- I will walk or exercise for ___ minutes ___ days every week if my doctor says it's okay.
- I will learn how to save energy by pacing myself.
- I will take breaks after activity.

Goal 5



Diet

- I will eat a balanced diet.

Goal 6



Air Pollutants

- I will keep my home free of smoke, fumes, and strong smells.
- I will stay away from smoky places.
- I will stay inside as much as possible when the air quality outside is poor.

Goal 7



Social Support

- I will talk to family and friends about how having COPD makes me feel.
- I will join a COPD support group.
- I will let my doctor know if I feel sad or down for several weeks or more.

EMERGENCY: Go to the hospital right away if: ① it is hard to breathe, talk, or walk; ② your lips or fingernails look blue; ③ your heartbeat is fast or irregular. **If your symptoms suddenly get worse and don't get better after taking your quick-relief medicine, call your doctor or go to the emergency room.**

SPIROMETRY and COPD*:

A SPECIAL TEST TO HELP DETERMINE THE HEALTH OF YOUR LUNGS



What Is Spirometry?

There are many tests to detect or screen for diseases or medical problems. A test called spirometry (spy-rom-ih-tree) shows how well your lungs are working. It is also called Pulmonary (pull-muh-nair-ee) Function Testing.

Spirometry

- *Measures the amount of air you can breathe out and the amount of time taken to do so*
- *Lets your healthcare practitioner check how well your lungs are working*
- *Shows if you have any lung problems*

Why Is Spirometry Important in COPD?

A spirometry test may

- *Confirm a diagnosis of COPD*
- *Show how severe your COPD is*
- *Help your healthcare practitioner decide what medicines and other health instructions to give you*
- *Show how well your medicine and other disease management activities are working*

*Chronic obstructive pulmonary disease (a lung disease that includes both chronic bronchitis and emphysema).



HOW A SPIROMETRY TEST WORKS



What Happens in a Spirometry Test?

- *The testing machine is called a spirometer*
- *The test is very simple. Your healthcare practitioner will show you how it works*
- *The spirometer has a tube that you put in your mouth*
- *Your healthcare practitioner*
 - *may put a nose clip on your nose to prevent air from leaking*
 - *will ask you to take a deep breath in and breathe out through your mouth as hard and as fast as you can*
- *That's it! After the test, your healthcare practitioner will explain the results to you*

What Are the Important Measurements (Scores) in a Spirometry Test?

- *How much air you breathe out in one second (Forced Expiratory Volume in One Second or FEV₁)*
- *How much air you breathe out in one breath (Forced Vital Capacity or FVC)*
- *The ratio, which is the relationship between FEV₁ and FVC (FEV₁/FVC ratio)*

What Do the Spirometry Scores Mean?

- *You may have abnormal lung function if you have an FEV₁/FVC ratio of less than 70%*
- *If you have been diagnosed with COPD, your healthcare practitioner*
 - *will find out how severe your disease is*
 - *will compare your spirometry scores to prior tests that you have had*
 - *may give you follow-up spirometry tests to help show if the treatment plan is helping your lungs*

Boehringer Ingelheim Pharmaceuticals, Inc. has no ownership interest in any other organization that advertises or markets its disease management products and services.

A patient educational resource provided by Boehringer Ingelheim Pharmaceuticals, Inc.



Wellness Checklist for Adults*

To stay healthy, it's important to get the care you need. This chart tells you what exams, tests, and vaccines you need and when to get them. It will help you make sure you are doing what you can to help protect your health.

For each section on the chart:

1. Read the "Recommendations" box.
2. Write down the date of your last exam, test, or vaccine in the "Date Completed and Results" box.
3. Place a check mark in the "Action Needed" box if you need to follow up.

Then, call your healthcare provider to follow up on any actions you need to take.

Remember to take this wellness checklist to your appointment.

	Recommendations	Date Completed and Results	Action Needed
Blood Pressure (BP)¹	<ul style="list-style-type: none"> • Check at least every 2 years <i>Check more often if your BP is high</i>	Date: _____ Reading: _____ My BP goal: _____	<input type="checkbox"/>
Cholesterol^{2,3}	<ul style="list-style-type: none"> • Starting at age 20, check at least every 5 years <i>Check more often if your cholesterol is high</i>	Date: _____ Results: _____ My cholesterol goal: _____	<input type="checkbox"/>
Colon Cancer Screening⁴	<ul style="list-style-type: none"> • Stool sample test every year <i>Starting at age 50, get a colonoscopy every 10 years</i> <i>Ask your healthcare provider if you are at higher risk or if you need earlier and additional tests</i>	Date: _____ Results: _____	<input type="checkbox"/>
Eyes⁵	<ul style="list-style-type: none"> • Have a baseline exam between ages 20 and 29 <i>Get follow-up exams as often as your eye doctor recommends</i>	Date of last complete eye exam: _____	<input type="checkbox"/>
General Preventive Care	<ul style="list-style-type: none"> • Keep an ongoing relationship with a healthcare provider and get the care you need 	Date of last physical: _____	<input type="checkbox"/>
Vaccines <ul style="list-style-type: none"> • Tetanus-diphtheria⁵ • Flu (influenza)⁶ • Travel to another country 	<ul style="list-style-type: none"> • Every 10 years (may need booster vaccine after an injury) • Every year for people who are over 50 or at high risk • Ask your healthcare provider 1 to 2 months before leaving for another country <i>Ask your healthcare provider about new vaccines or recommendations</i>	Date of last vaccine: _____ Date of last vaccine: _____ Are you going to another country? Yes___No___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Skin⁷	<ul style="list-style-type: none"> • Check yourself for any spots, sores, and moles <i>See your healthcare provider if you're not sure about anything you find</i>	Do every month	<input type="checkbox"/>
Teeth^{8,9}	<ul style="list-style-type: none"> • Get an exam and cleaning every 6 months • Brush twice a day and floss once a day 	Date of last exam and cleaning: _____	<input type="checkbox"/>

*Guidelines for children may differ. Please ask your healthcare provider for more information.

For Women Only

Recommendations	Date Completed and Results	Action Needed
Breast Self-exam¹⁰ <ul style="list-style-type: none"> Starting at age 20, check your breasts for lumps, dimpling, or discharge <i>See your healthcare provider if you're not sure about anything you find</i>	Do every month	<input type="checkbox"/>
Mammogram¹⁰ <ul style="list-style-type: none"> Every year starting at age 40 <i>Earlier if you are at higher risk for breast cancer</i> <i>Speak with your healthcare provider to see if you are at higher risk</i>	Date of last mammogram: _____ Results: _____	<input type="checkbox"/>
Pelvic Exam With Pap Test¹⁰ <ul style="list-style-type: none"> Three years after you start having vaginal intercourse or no later than age 21 Every 1 to 3 years as directed by your healthcare provider 	Date of last exam with Pap test: _____ Results: _____	<input type="checkbox"/>

For Men Only

Recommendations	Date Completed and Results	Action Needed
Prostate Cancer Screening¹⁰ <ul style="list-style-type: none"> Every year starting at age 50 <i>Earlier if you are at higher risk for prostate cancer</i> <i>Speak with your healthcare provider to see if you are at higher risk</i>	Date of last exam: _____ Results: _____	<input type="checkbox"/>
Testicular Self-exam¹¹ <ul style="list-style-type: none"> Optional, but once a month if you have risk factors <i>Ask your healthcare provider if you have risk factors</i> <i>See your healthcare provider if you're not sure about anything you find</i>	Do every month	<input type="checkbox"/>

References: **1.** American Heart Association. Blood pressure testing and measurement. Available at: <http://www.americanheart.org/presenter.jhtml?identifier=4470>. Accessed September 21, 2006. **2.** American Heart Association. Get your cholesterol checked. Available at: <http://www.americanheart.org/presenter.jhtml?identifier=541>. Accessed September 21, 2006. **3.** Agency for Healthcare Research and Quality, US Department of Health and Human Services. Pocket guide to good health for adults: 3. Checkups, tests, and shots. Available at: <http://www.ahrq.gov/ppip/adguide/checkups.htm>. Accessed September 28, 2006. **4.** American Cancer Society. Colorectal cancer: early detection. Available at: http://www.cancer.org/docroot/CRI/content/CRI_2_6X_Colorectal_Cancer_Early_Detection_10.asp. Accessed September 21, 2006. **5.** American Academy of Ophthalmology. Information from your eye M.D.: when should you see an eye M.D. Available at: www.aao.org/patients/eyemd/statement.cfm. Accessed November 14, 2006. **6.** Department of Health and Human Services, Centers for Disease Control and Prevention. Recommended adult immunization schedule. United States, October 2006-September 2007. Available at: <http://www.cdc.gov/nip/recs/adult-schedule.pdf>. Accessed November 14, 2006. **7.** American Cancer Society. How do I protect myself from UV? Available at: http://www.cancer.org/docroot/PED/content/ped_7_1x_Protect_Your_Skin_From_UV.asp?sitearea=&level=. Accessed September 25, 2006. **8.** Colgate World of Care. Dental visits—the dentist visit and what to expect. Available at: <http://www.colgate.com/app/Colgate/US/OC/Information/OralHealthBasics/CheckupsDentalVisit/WhatToExpect.cvsp>. Accessed September 21, 2006. **9.** American Dental Association. Oral health topics A-Z: cleaning your teeth and gums (oral hygiene). Available at: <http://www.ada.org/public/topics/cleaning.asp>. Accessed September 21, 2006. **10.** American Cancer Society. American Cancer Society guidelines for the early detection of cancer. Available at: http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp. Accessed September 25, 2006. **11.** American Cancer Society. Can testicular cancer be found early? Available at: http://www.cancer.org/docroot/cr/content/cr_2_4_3x_Can_Testicular_Cancer_Be_Found_Early_41.asp. Accessed September 25, 2006.