

ADVANTAGE

Therapy Centers
Pulmonary Rehabilitation
Personal Goals

Patient Name: _____

Date: _____

Please rank the items listed below as:

#1--most important to me

#2--somewhat important to me

#3--not very important to me

#4--unsure of importance

NA--does not apply to me

I would like to:

_____ Have less shortness of breath when doing things

_____ Be able to get out of the house more often

_____ Get rid of my phlegm more easily

_____ Avoid getting sick

_____ Be less anxious about going out

_____ Be able to walk up a flight of stairs

_____ Be able to do household tasks

_____ Stay out of the hospital

_____ Know more about my inhaler medicines

_____ Panic less when I get short of breath

_____ Understand how my lungs work

_____ Know why I feel so anxious

_____ Know what I should be eating

_____ Know how to live with this disease

_____ Know if I'm getting enough oxygen when I do things

_____ Other (please list): _____