## **COPD Daily Symptom Journal**

Date	
Level of Breathlessness (1-10)	
Cough Frequency (times/day)	
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Sputum (color/amount)	
Wheezing (Yes/No)	
	•
Chest Tightness (Yes/No)	
	•
Difficulty Sleeping (Yes/No)	
Difficulty Sieeping (Tes/No)	<b>•</b>
Limitations in Daily Activities	
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Other Symptoms / Notes	