

Hospice & Palliative CareCenter COPD SELF CARE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>
Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>
Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>
Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>
Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>
Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>
Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>
Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>
Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>	Difficulty breathing <input type="checkbox"/>
Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>	Tired <input type="checkbox"/>
Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>	Oxygen <input type="checkbox"/>
Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>	Inhaler <input type="checkbox"/>
Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>	Good <input type="checkbox"/> Bad <input type="checkbox"/>

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>
Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>
Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>
Good	Bad	Good	Bad	Good	Bad	Good	Bad	Good	Bad	Good	Bad	Good	Bad
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>
Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>	Tired	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>
Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>	Inhaler	<input type="checkbox"/>
Good	Bad	Good	Bad	Good	Bad	Good	Bad	Good	Bad	Good	Bad	Good	Bad

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