

## **Bronchiectasis Symptom and Therapy Tracker**

This bronchiectasis symptom and therapy tracker was designed for those who wish to track their symptoms and bronchiectasis management.

## Check a box each day to track how you feel overall.

(If you have 3 or more yellow days in a row, notify your health care provider of changes in your symptoms and refer to the Bronchiectasis Action Plan.)

Month	Days of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
How I feel today	Normal																															
	l don't feel well																															

## **Airway Clearance Tracker**

(If you find that you need to perform airway clearance more than 3 times a day for three days, notify your health care provider of this change.)

Month	Days of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time of day	Morning																															
	Evening																															
	Extra																															

## **Daily Activity Log**

Month	Days of the month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Walking																															
	Weightlifting																															
	Yoga																															
Type of Exercise	Biking																															