



Heart Failure (HF)


Self management goal plan







Patient name _____
Date of birth _____
Daytime phone # _____
Address _____
City/State/Zip _____
Today's date _____

Follow up time frame:

Goal setting

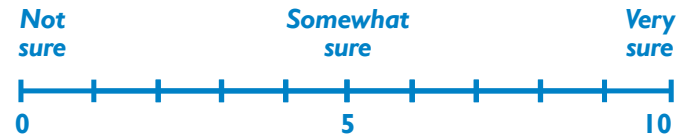
1. Choose an activity goal below:

-  I will know my (check all that apply):
 - Early symptoms of worsening heart failure

 - Green, yellow, and red zones on my HF action plan.
-  I will follow the action plan and take my medicines prescribed by my doctor.
-  I will weigh myself daily and jot it down.
(If weight gain _____)
-  I will quit smoking or reduce smoking to _____ cigarettes per day.
-  I will get physically active by _____, _____ minutes per day, _____ times per week.
-  I will adhere to a low-sodium diet by:
 - Not adding salt to my foods when cooking
 - Not adding salt to food I eat
 - Using a salt substitute
 - Reading food labels (check sodium amount).
-  I will follow fluid guidelines advised by my doctor:

2. Choose your confidence level:

I think I can succeed at this goal:



3. Fill in the following for your chosen goal:

What: _____

When: _____

How much: _____

How often: _____

Barriers to meeting goals: _____

Clinician signature