



# 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

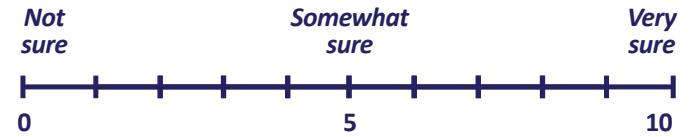
### Goal setting

#### 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