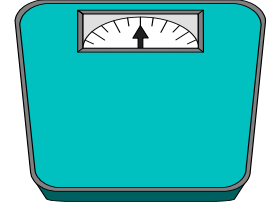


Heart Failure Goals

Please read the recommended goals and sample goal. Think about the **one** goal you will work on between now and your next visit. Record your goal and the change you will make at the bottom of the sheet. Sign and date the sheet.

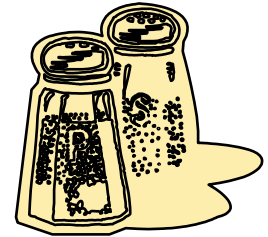
Daily weights

- Weigh yourself each morning after urinating and before breakfast; record your daily weights in your diary.
- Take extra water pills for weight gain as directed by your doctor.



Exercise

- Exercise regularly according to the plan your doctor recommends.



Diet

- Follow your doctor's diet recommendations. Avoid salt.

Alcohol

- Limit the amount of alcohol you drink (no more than one drink daily for women and no more than two drinks daily for men).



Smoking

- Develop a plan to quit smoking and stick to it.

Medications

- Take medications as prescribed by your doctor.



Sample goal: Reduce the amount of salt in my diet.

Changes you might make to accomplish this goal: Substitute the pepper shaker for the salt shaker on the table. Use lemon juice instead of salt when cooking.

My Goal

The goal I choose to work on between now and my next visit:

The change I am willing to make:

Name _____

Date _____