

Patient name:

DOB:

Today's date:

My congestive heart failure self-management goal



Eat a low sodium diet



Take my medicine every day



Weigh myself each morning



Check for swelling daily



Monitor my fluid intake daily



Limit alcohol



Balance activity and rest periods



Stop smoking

One way I want to improve my health is:

My goal for this week is *(example: weigh myself daily)*

When will I do it *(example: in the morning)* _____

Where I will do it *(example: bathroom)* _____

How will I remember to do it *(example: daily weight log sheet)*

What might get in the way of the plan *(example: not being home)*

What can I do about it *(example: bring my scales with me)*

How confident am I that I can reach this goal: *circle one*

0	1	2	3	4	5	6	7	8	9	10
Not										Totally
At all										Confident

Follow-up plan *(how and when)*: _____