

Making the Most of Your Follow-Up Visits

How Heart Failure is Affecting Your Life



You will have regular visits with your care team to assess how you are doing and to make changes to your treatments over time.

Use this worksheet in between appointments to help track how you feel, your heart failure symptoms and how the condition is limiting your ability to do activities. Bring this and a current medication list with you to each visit.

Date: _____

1. Since Your Last Visit, Do You Feel:

Better

Worse

About the same

Different - in what way(s)? _____

Recently I've had more **good** / **bad** / **worse** days. (circle one)

How you would explain		
 A good day with heart failure	 A bad day with heart failure	 The worst day with heart failure

Have you had any:

Trips to the emergency department/urgent care Yes No

(If yes, when and for what reason:)

Hospitalizations Yes No

(If yes, when and for what reason:)

2. Your Emotional Health

On a scale from 0 to 10, how stressed or anxious have you been feeling?

Not at all stressed or anxious

I've never felt more stressed or anxious

0	1	2	3	4	5	6	7	8	9	10
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On a scale from 0 to 10, how sad or depressed have you been feeling?

Not sad at all

The worst sadness I've felt, nothing cheers me up

0	1	2	3	4	5	6	7	8	9	10
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Generally, how are you coping with your heart failure diagnosis?

Very poorly	Poorly	OK	Pretty well	Very well, all things considered
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3. Your Symptoms

Paying careful attention to signs that your heart failure is getting worse is essential to manage the disease. Doing so can help you stay out of the hospital and prevent other complications.

<i>Since my last appointment, I feel or have had:</i>	Not at all	Some of the time	Often	Most of the time	All the time
Fatigued or very tired	<input type="checkbox"/>				
Short of breath (when walking a block or more or climbing a flight of steps)	<input type="checkbox"/>				
Swelling in my feet, ankles, legs or stomach	<input type="checkbox"/>				
Dry (unproductive cough)	<input type="checkbox"/>				
Need to sleep sitting up or propped with pillows	<input type="checkbox"/>				
Waking up at night to sit up and breathe	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				



Call 911 immediately for markedly worse or extreme shortness of breath, if you feel faint or collapse or if you have chest pain, pressure or discomfort

4. Your Triggers

Many people living with heart failure have, over time, learned what can trigger a flare-up of their heart failure. For example, if they eat a salty meal, don't take their medications, travel or have too much alcohol. Make note of possible triggers and what you can do to avoid them.

I know certain things can cause my heart failure to get worse. These include:

5. How Your Heart Failure Limits What You Can Do

<i>Since my last appointment, I've noticed that my heart failure limits these activities or aspects of my daily life:</i>	Not at all	Some-times	Often	Most of the time	All the time
Working (fulfilling job responsibilities)	<input type="checkbox"/>				
Showering or bathing	<input type="checkbox"/>				
Walking quickly or being able to exercise	<input type="checkbox"/>				
Doing housework	<input type="checkbox"/>				
Hobbies, recreational activities	<input type="checkbox"/>				
Being social	<input type="checkbox"/>				
Going out for meals	<input type="checkbox"/>				
Taking care of others (for example, a partner, grandchildren)	<input type="checkbox"/>				
Staying emotionally healthy	<input type="checkbox"/>				
Thinking clearly or concentrating	<input type="checkbox"/>				
Sleeping	<input type="checkbox"/>				
Travel plans	<input type="checkbox"/>				
Others: _____	<input type="checkbox"/>				

6. Managing Your Heart Failure

<i>How I'm doing when it comes to:</i>	<i>What makes it hard</i>	<i>What seems to help</i>
Taking medications	<i>(For example, cost, remembering to take them, side effects)</i>	
Limiting sodium intake	<i>(For example, not knowing how to keep track of it)</i>	
Eating heart healthy	<i>(For example, no time to prepare fresh, balanced meals)</i>	
Weighing myself daily	<i>(For example, not having a good scale, way to track weights)</i>	
Exercising	<i>(For example, not knowing what exercises are best, not having time or a place to go)</i>	
Making it to medical visits or going for follow-up tests	<i>(For example, work, not having a ride)</i>	
Other:		

Use this space to write down any additional concerns or questions you might have for your care team:
