

Making the Most of My Follow-Up Visits

How Heart Failure is Affecting My Life






MY ACTION PLAN FOR HEART FAILURE • CardioSmart.org

You will have regular visits with your care team to assess how you are doing and if treatments need to be changed in any way. At the beginning, you might have medical appointments every 2 weeks. Use this worksheet in between these appointments to help track how you feel, your heart failure symptoms and how heart failure might limit your ability to do various activities. Bring it with you to review at each visit.

▶ Since My Last Visit, Overall I Feel:

Date: _____

- Better
- Worse
- About the same
- Different – In what way(s)? _____

Here is how I would explain		
 A good day with heart failure	 A bad day with heart failure	 My worst day with heart failure

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

▶ My Emotional Health Since My Last Appointment

- On a scale from 0 to 10, how stressed or anxious have I been feeling?
(0 = not at all stressed or nervous; 10 = I have never felt more stressed or anxious)
0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10
- On a scale from 0 to 10, how sad or depressed have I been feeling?
(0 = not sad at all; 10 = the worst sadness I've felt and nothing seems to cheer me up)
0 / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10
- Generally, how am I coping with my heart failure diagnosis? (circle)
Very poorly / Poorly / OK / Pretty well / Very well, all things considered

▶ My Symptoms

Paying careful attention to what might signal 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.

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

▶ My 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 big meal, don't take 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:

▶ How My Heart Failure Limits What I Can Do

Since my last appointment, I've noticed that my heart failure limits these activities or aspects of my daily life:	Not at all	Some-times	Often	Most of the time	All the time
Working (fulfilling job responsibilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking quickly or jogging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies, recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going out for meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying emotionally health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking clearly or concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ How I'm Doing with My Action Plan

	What makes it hard	What seems to help
Taking my medications		
Limiting my sodium intake		
Weighing myself daily		
Exercising		
Making it to my medical visits or going for follow-up tests		
Other:		