

# Making the Most of My Follow-Up Visits

How Heart Failure is Affecting My Life






You will have regular visits with your care team to assess how you are doing and if any of your treatments need to be changed in any way. Use this worksheet in between these appointments to help track how you feel, your heart failure symptoms and how the condition is limiting your ability to do various activities. Bring this and a current medication list with you to each visit.

Date: \_\_\_\_\_

## 1. Since My Last Visit, Overall I Feel:

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

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

Here is how I would explain		
 <b>A good day with heart failure</b>	 <b>A bad day with heart failure</b>	 <b>My worst day with heart failure</b>

## 2. My Emotional Health Since My Last Appointment

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

*Not at all stressed or nervous* *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 I 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 am I coping with my heart failure diagnosis? (circle)

Very poorly	Poorly	OK	Pretty well	Very well, all things considered
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### 3. My 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.

Since my last appointment, I feel or have had:	Not at all	Some of the time	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, legs or 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**

### 4. 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 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:

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### 5. 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	Sometimes	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 healthy	<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"/>

### 6. Managing My Heart Failure

How I'm doing when it comes to:	What makes it hard	What seems to help
Taking my medications	<i>(For example, cost, remembering to take them, side effects)</i>	
Limiting my sodium intake	<i>(For example, not knowing how to keep track of it)</i>	
Weighing myself daily	<i>(For example, not having a scale, forgetting)</i>	
Exercising	<i>(For example, not knowing what exercises are best, not having time or a place to go)</i>	
Making it to my medical visits or going for follow-up tests	<i>(For example, work, not having a ride)</i>	
Other:		

