

# Heart Failure: Partnering in Your Treatment

Bring this sheet with you to your appointment and discuss the following with your doctor.



## Understand Your HF

- ▶ How serious is my heart failure?  
☐ Mild   ☐ Moderate   ☐ Severe
- ▶ In what ways does having heart failure increase my health risks?  
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 \_\_\_\_\_  
 \_\_\_\_\_

- ▶ How likely is it that having HF will worsen the effects of other conditions I may have?  
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 \_\_\_\_\_

- ▶ Would any of the following lifestyle changes help me to better manage the progress of HF?  
☐ Managing weight  
☐ Eating better  
☐ Quitting smoking  
☐ Making other important changes?  
 \_\_\_\_\_  
 \_\_\_\_\_



## Identify Your HF Needs

- ▶ Am I a candidate for HF cardiac rehab?  
☐ Yes   ☐ No
- ▶ Are there any remaining tests we need to do to learn more about my heart function? If so, which ones?  
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 \_\_\_\_\_



## Explore HF Treatment

- ▶ What are the most important things I can do to manage my HF?  
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 \_\_\_\_\_  
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- ▶ What should I expect in the coming weeks, months or years?  
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 \_\_\_\_\_  
 \_\_\_\_\_

- ▶ Are there any activities that are off limits for me at this time? (List specific concerns you may have, like exercise, sex, housework.)  
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- ▶ What treatment options should I be thinking about for managing my HF?  
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## What are my treatment goals at this time?

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▶ Should I be tracking and reporting my symptoms to you?

☐ Yes (instructions below) ☐ No

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▶ What symptoms or problems would you want me to notify you about?

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## Questions About Medication

▶ Will I be taking a medication for HF?

☐ Yes ☐ No

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▶ What do we hope the medication(s) accomplish?

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\_\_\_\_\_

▶ What will be the likely result if I don't take it?

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\_\_\_\_\_



## Learn to recognize and manage symptoms of HF.



**Shortness  
of  
Breath**



**Chronic  
Coughing or  
Wheezing**



**Build-up  
of Fluid  
(edema)**



**Fatigue  
or Feeling  
Lightheaded**



**Nausea  
or Lack of  
Appetite**



**Confusion  
or Impaired  
Thinking**



**High  
Heart  
Rate**