



My heart action plan

Setting and reaching goals is an important part of your heart disease care. Your doctor is your partner in doing this. Take this form with you to your next appointment and talk to your doctor about your test results and personal goals. Check in with your doctor on your progress and ask him or her how often you should update this plan.

| My personal goal | My results today | What I can do |
|---|------------------|---|
| Blood pressure: _____ By date: _____ <i>Short-term target: Below 140/90</i> <i>Long-term target: Below 120/80</i> | | <input type="checkbox"/> Follow an eating plan from my doctor <input type="checkbox"/> Use only 1 teaspoon of salt per day (2,300 mg) <input type="checkbox"/> Take my blood pressure medicine as directed |
| LDL cholesterol: _____ By date: _____ <i>Target: Less than 100</i> | | <input type="checkbox"/> Follow a low-fat, low-cholesterol meal plan <input type="checkbox"/> Have a fasting cholesterol test at least every year <input type="checkbox"/> Take my cholesterol-lowering and heart medicines as directed |
| Amount of exercise: _____ By date: _____ <i>Target: At least 30 minutes on most days</i> | | <input type="checkbox"/> Ask my doctor about an exercise program <input type="checkbox"/> Walk or _____ (another exercise) for _____ minutes, _____ days a week |
| BMI: _____ By date: _____ <i>Short-term target: Less than 30</i> <i>Long-term target: Between 19 and 24</i> | | <input type="checkbox"/> Make healthy food choices <input type="checkbox"/> Drink water every day |
| Tobacco use: _____ By date: _____ <i>Target: No tobacco use</i> | | <input type="checkbox"/> Join a smoking cessation program |

My heart action plan *continued*

| My personal goal | My results today | What I can do |
|---|------------------|---|
| <p>Alcohol use:</p> <p>_____</p> <p>By date: _____</p> <p><i>Target: No more than two drinks per day for men and no more than one drink per day for women</i></p> | | <p><input type="checkbox"/> Limit my alcohol use (A drink is one 12-ounce beer, 4 ounces of wine or 1.5 ounces of 80-proof spirits.)</p> |
| <p>Blood sugar (A1C):</p> <p>_____</p> <p>By date: _____</p> <p><i>Target: Fasting blood sugar less than 110 and HbA1c less than 7 percent</i></p> | | <p><input type="checkbox"/> Keep my daily blood sugar in a good range</p> <p><input type="checkbox"/> Follow my meal plan</p> <p><input type="checkbox"/> Schedule a diabetes checkup with my doctor (HbA1c, eye and foot exams)</p> <p><input type="checkbox"/> Take my diabetes medicines as directed</p> |

This heart-healthy plan was created for:

_____ on _____

Name Date



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