

## MY CHF SELF MANAGEMENT PLAN

This week I will work on Goal number \_\_\_\_\_ which is \_\_\_\_\_

(how much) \_\_\_\_\_

(when) \_\_\_\_\_

(how many) \_\_\_\_\_

**How confident are you? 0=not at all confident 10=totally confident \_\_\_\_\_**

Day	Check Off	Comments
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday</b>		
<b>Sunday</b>		

*In writing your goal be sure it includes:*

- *Goal Number and what you are going to do.*
- *How much you are going to do.*
- *When you are going to do it.*
- *How many days a week you are going to do it.*