

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
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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.*