Cardiac Learning & Action Network:
Improving Cardiac Population Health through Primary Care Redesign

My Health Goal

Please discuss the following questions with your nurse and record your answers here. Take home the completed form and put it someplace where you will see it often. Use it to help remind and motivate you to work toward your goal.

1. Why are you considering some form of lifestyle change? (diagnosis, test result, etc.)

2. Which of the following topics are you interested in discussing today?
   ☐ Medication ☐ Exercise ☐ Diet ☐ Other (patient defined) _____

3. What is your goal for the next month?

4. On a scale of 1-10 how important is it to you that you make this change?

5. On a scale of 1-10 how confident are you that you make this change?

6. If you answered with a low number, what would it take to increase your confidence that you can change your behavior?

7. What are some of the barriers that might prevent you from reaching your goal?

8. What are some ways you could overcome those things that might get in the way?

9. How will you follow up with your doctor's office regarding your progress?

Adapted from the June 2005 California Healthcare Foundation report "Helping Patients Manage their Chronic Conditions," available at www.chcf.org/publications/2005/06/helping-patients-manage-their-chronic-conditions. Accessed 10/13.

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