

SELF CONTRACTS FOR RISK FACTOR INTERVENTION

PRACTICE NAME _____

Patient Name _____ Date _____

Self-Contract Fitness

CURRENTLY, each week, I exercise: _____ Minutes per day _____ Times per week _____ Activity

TEN WEEK GOAL _____

ACTION: This week, I will exercise: _____ Minutes per day _____ Times per week _____ Activity

Every two weeks I will add _____ minutes per day or add another day.

How certain are you that you will complete the above contracts this week? (Mark number that describes confidence level.)

Not at all Confident

Slightly Confident

Fairly Confident

Very Confident

0

1

2

3

4

5

6

7

8

9

10

REWARD when Action or Goal is completed. Plan to give yourself a reward that can be healthy, positive, and something that makes you feel good!

When I _____, my reward will be _____.

Self-Contract Other "Substances" (Smoking)

CURRENTLY, I smoke _____

TEN WEEK GOAL _____

ACTION: This week, I will _____

How certain are you that you will complete the above contract this week? (Mark number that describes confidence level.)

Not at all Confident

Slightly Confident

Fairly Confident

Very Confident

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REWARD when Action or Goal is completed. Plan to give yourself a reward that can be healthy, positive, and something that makes you feel good!

When I _____, my reward will be _____.

Self-Contract Body Weight

CURRENTLY, I weigh _____ **TEN WEEK GOAL** _____

ACTION: This week, I will _____

How certain are you that you will complete the above contract this week? (Mark number that describes confidence level.)

Not at all Confident

Slightly Confident

Fairly Confident

Very Confident

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REWARD when Action or Goal is completed. Plan to give yourself a reward that can be healthy, positive, and something that makes you feel good!

When I _____, my reward will be _____.

WRITTEN AGREEMENT FOR RISK FACTOR INTERVENTION GROUPS

Your health care provider will assess your risk factors for cardiovascular disease. This program will help you to become physically fit; to lower your lipid levels and blood pressure through diet, exercise, and drug therapy, if necessary; and if you are a smoker, to stop smoking.

Of course, the more you put into any program the more you will get out of it. Studies show that compliance to a treatment program is increased by a formal agreement or contract before beginning the program. We hope that after discussing our expectations, you will sign the written agreement below confirming your participation.

What do we expect of you?

1. To show a willingness to change risk factors, by participating in a regular exercise program if eligible, by changing dietary habits, by taking drugs to decrease lipid levels, blood pressure, blood sugar, if necessary, and by stopping smoking.
2. To complete the activity logs and food frequency forms given to you to measure your progress.
3. To provide blood samples for lipid tests and monitoring as required.
4. To discuss your progress by telephone or clinic visit with your health care provider.

What can you expect of us?

We will commit to support and partner with you and your efforts. You can expect our combined efforts to produce a much healthier and happier life-style for you.

I UNDERSTAND THE EXPECTATIONS OF THE PROGRAM AND AGREE TO PARTICIPATE AS DESCRIBED ABOVE.

Signed (Participant)

Date

Signed (Health care provider)

Date

PRACTICE NAME _____ Date _____

☐ Target Heart Rate Range _____ to _____ beats / minute
 _____ to _____ beats / 10 seconds

☐ Rating of Perceived Exertion (RPE) _____ to _____ (See RPE scale)

- Date of exercise session
- Type of activity: W=Walk W/J=Walk/Jog J=Jog
 TM=Treadmill B=Bicycle S=Swim
- Length of time spent exercising in minutes
- Peak heart rate achieved and/or
- Peak RPE achieved
- Symptoms: record any you may have with exercise.
- Comments: note change in symptoms, lack of exercise, etc.

Week 1: Goal: _____ minutes _____ times per day

Comments

Week 2: Goal: _____ minutes _____ times per day

Comments

Continue to increase exercise by _____ minutes/day.
Final goal: 30 minutes or three 10 minute sessions, 5 day/week, preferably everyday.

DAILY MONITORING LOG FOR PATIENTS WITH HEART FAILURE

PRACTICE NAME _____ Date _____

Patient Name _____

1. Weigh yourself every morning and record the figure below. Call your nurse right away if you gain ___ or more pounds in one day or ___ or more pounds in a week.
2. Record any symptoms and rate the severity, whether occurring at rest or with exercise. See explanation below.
3. Each time you exercise, record the number of minutes below.
4. Optional instructions: _____

Date Started		Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week 1	Weight							
	Exercise Minutes							
	Sx/Rate							
Week 2	Weight							
	Exercise Minutes							
	Sx/Rate							
Week 3	Weight							
	Exercise Minutes							
	Sx/Rate							
Week 4	Weight							
	Exercise Minutes							
	Sx/Rate							

Symptoms (Sx)

A	Shortness of breath on exertion
B	Shortness of breath that wakes you up
C	Shortness of breath that gets better when you sit up
D	Swelling in your legs or abdomen
E	Lack of energy (fatigue)
F	Cough

5. Do you have any of the symptoms listed above? Use the scale below to rate how severe your symptoms are. If your symptom is new or worse, call your nurse right away.

Severity Rating of Symptoms

0	=	None	3	=	Moderate
1	=	Mild	4	=	Moderate to severe
2	=	Mild to moderate	5	=	Severe