



Home-Based Cardiac Rehab

georgia.kp.org/cardiac

 KAISER PERMANENTE®

What is Home-Based Cardiac Rehab (HBCR)?

If you have a heart problem or have undergone heart surgery, you may be afraid to exercise. If you have never exercised, you may not know how to get started. In this 8 weeklong program, you will work one-on-one with your personal **Case Manager (CM)** who will guide you through a variety of topics to help you become more active and make lifestyle changes that can lead to a stronger heart and better health.

You will have weekly telephone appointments with your CM who will monitor your progress in the program and answer any questions you may have. Your CM will help you start slowly and work up to a level of physical activity that is good for your heart.

Changing old habits is hard, but in HBCR you get the support of experts who can help you create new healthy habits safely.

HBCR is an evidence-based program that has been proven to reduce your chances of being readmitted to the hospital for a cardiovascular related condition by 30%, as well as reduce your risk of dying from a cardiovascular related event by 27% when completed successfully.



Learn how to

Manage your heart problem

Manage conditions like:

- High blood pressure
- High cholesterol

Take your medicine correctly & safely

Exercise safely

Eat a heart-healthy diet

Lose weight

Reduce stress, anxiety and depression

Quit smoking

Get back to work sooner and safely

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Cardio Activity Log

Notes and Goals

Weekly Checklist

Exercise

Days per week _____

Minutes per day _____

Exertion rate from _____ to _____

Use the Talk/Sing test

KP Health Ally App

Record **DAILY** taking medications

Record **WEEKLY** completion of homework
(Homework sent via message on kp.org)

- Video
- Reading

Record (FREQUENCY)

- Weight: _____
- Blood Pressure: _____
- Blood Glucose: _____

Health Questions

Case Manager

Mon-Fri: 9:00a - 4:30p

[Message via kp.org](#)

- Symptoms (non-emergency)
- Questions about weekly goals

Technology Questions

KP Health Ally Support

Mon-Fri: 7:30a - 10:00p

1-833-356-6169

Instructions:

Home Based Cardiac Rehabilitation Program Borg Scale - Rate of Perceived Exertion (RPE)

While doing physical activity, we want you to rate your perception of exertion. This feeling should reflect how heavy and strenuous the exercise feels to you, combining all sensations and feelings of physical stress, effort, and fatigue. Do not concern yourself with any one factor such as leg pain or shortness of breath, but try to focus on your total feeling of exertion.

Look at the rating scale below while you are engaging in an activity; it ranges from 6 to 20, where 6 means "no exertion at all" and 20 means "maximal exertion." Choose the number from below that best describes your level of exertion. This will give you a good idea of the intensity level of your activity, and you can use this information to speed up or slow down your movements to reach your desired range.

Try to appraise your feeling of exertion as honestly as possible, without thinking about what the actual physical load is. Your own feeling of effort and exertion is important, not how it compares to other people's. **Look at the scales and the expressions and then give a number.**

RPE	Description of Exertion
6	No Exertion - Sitting & Resting
7	Extremely Light
8	
9	Very Light
10	
11	Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Extremely Hard
20	Maximum Exertion

- 9 corresponds to "very light" exercise. For a healthy person, it is like walking slowly at his or her own pace for some minutes
- 13 on the scale is "somewhat hard" exercise, but it still feels OK to continue.
- 17 "very hard" is very strenuous. A healthy person can still go on, but he or she really has to push him- or herself. It feels very heavy, and the person is very tired.
- 19 on the scale is an extremely strenuous exercise level. For most people this is the most strenuous exercise they have ever experienced.

Stop Exercising for any of the following:

- Chest pain, pressure, squeezing, discomfort, or pain in shoulders, back, neck, arms, or jaw
- Unusual shortness of breath
- Racing or skipping heartbeat
- Extreme tiredness
- Lightheadedness, dizziness, or confusion

If Symptoms Continue After 5 Minutes

- 911 or ER
- Kaiser Urgent Care
- Advise Nurse **404-365-0966** X:5

If Symptoms Resolve in Less Than 5 Minutes

- Stop exercising and try again later
OR
- Resume exercise and try to complete goal

Nitroglycerin Rules

Rest 5 minutes before taking to see if chest pain resolves

If chest pain continues place 1 tablet under the tongue

Wait 5 minutes to see if chest pain resolves before taking subsequent tablet

Do not take more than 3 tablets

If pain resolves with 1 tablet - send message to Case Manager and do not exercise any more

If 2 or more tablets are taken - go to ER or Urgent Care for evaluation

Kaiser Permanente Resources

Kaiser Permanente Healthy Living Helpline

Call the Healthy Living Helpline at **1-866-402-4320** to speak to a wellness coach who can help you quit smoking, lose weight, eat healthy, get physically active, or manage stress. (Available to Kaiser Permanente members only.)

Kaiser Permanente Health Education Departments

For information on classes and programs, contact your local Health Education Department by calling the Kaiser Permanente Healthy Living Helpline at **1-866-402-4320**.

kp.org

The Kaiser Permanente member website is a secure site that offers a variety of online services, including health advice, prescription refills, online appointment scheduling, and more.

Also go to **kp.org/heart** for more information.

Healthy Lifestyles Programs

These personalized online action plans can help you make healthy choices and stick with them:

- **HealthMedia Balance®** to reach your weight loss goals
- **HealthMedia Succeed®** for a total health assessment

- **HealthMedia Relax®** to reduce and manage your stress
- **HealthMedia Care for Your Health®** for managing an ongoing health condition
- **HealthMedia Nourish®** to make smart food choices
- **HealthMedia Overcoming Depression™** for managing your depression
- **HealthMedia Breathe®** to stop smoking
- **HealthMedia Overcoming Insomnia™** for help in getting a good night's sleep

Start making positive changes today. For more information on these online action plans, visit **kp.org/healthylifestyles** and choose a program. Fill out a questionnaire and a plan will be tailored to fit your personal needs.

Kaiser Permanente Patient Notification System

1-888-457-8378

Several laboratory test results are available automatically by phone.

Kaiser Permanente Member Services

1-800-464-4000

Answers questions about your Kaiser Permanente coverage and/or replacement of Kaiser Permanente ID cards. Also handles concerns about service.



Taking care of yourself after your **Heart Attack or Heart Surgery**



Dear Member,

You and your family are important partners in your health care. By working together with your physician and other health care professionals, you can understand and learn how to manage your heart disease. Self-management of your heart disease includes eating a heart-healthy diet, exercising, taking medications, and managing other risk factors. This booklet describes heart disease and how you can take care of yourself and your heart. It will help you lead a healthier lifestyle.

Congratulations on taking this important step!

Sincerely,
Your Health Care Team

Important Phone Numbers:

Physician:

Nurse Practitioner or
Physician Assistant:

Case Manager:

Nurse Educator:

Registered Dietitian:

Pharmacist:

Pharmacy Refill:

Social Worker:

Health Education Department:

Other:

If you think that you have an emergency medical condition, call 911 immediately. It's OK to call 911 even if you are not sure you are having a heart attack. If you are at a Kaiser Permanente medical center or medical office when the symptoms occur, go immediately to the Emergency Department or report your symptoms to a staff member. Evidence shows that heart damage may be prevented or lessened if treatment occurs as soon as possible or within six hours after the onset of symptoms. For a stroke, getting treatment as soon as possible and no longer than three hours after the onset of symptoms could limit damage.

Heart Disease Key Points

Dietary Recommendations

- The diet is mostly plant based, including fruits, vegetables, and whole grains, and is moderate in fat.
- Eat 2 to 3 servings of fruit and 5+ servings of vegetables per day.
- Eat more whole grains and beans.
- Use extra-virgin olive oil or canola oil instead of other fats and oils.
- Avoid foods that contain trans (partially hydrogenated) fat.
- Eat at least two fish meals per week, such as wild salmon, trout, herring, or tuna.
- Limit red meat to one to two times a month.
- For more information, see "Diet."

Medications

Your physician may prescribe one or more of these medications. These life-saving medicines can help protect you from heart attack and stroke, reducing your risk by 70 to 80 percent.

- Aspirin reduces the risk of a blood clot forming and blocking an artery leading to the heart or brain. This reduces the risk of heart attack or stroke.
- Lisinopril relaxes blood vessels so blood flows more easily to the heart.
- Metoprolol blocks the harmful effects of stress hormones and reduces blood pressure and workload placed on the heart.
- Simvastatin lowers cholesterol and helps keep arteries open.
- Plavix and Coumadin are blood thinners that decrease the risk of a blood clot leading to the heart or brain.
- Nitroglycerin relaxes the walls of blood vessels and increases the supply of blood and oxygen to the heart.
- For more information, see "Medications."

Heart Disease Key Points (continued)

Physical Activity

- If you are recovering from a heart attack or surgery, have been physically inactive for a long time, and have a serious chronic health condition, talk with your physician or health care professional about how much exercise is recommended for you.
- For more information, see “Exercise.”

Control Your Risk Factors

- Quit smoking. Call the Healthy Living Helpline at **1-866-402-4320** for help quitting.
- If you have high cholesterol, high blood pressure, diabetes, or are overweight, contact your local health education department to enroll in a class.
- For more information, see “Heart Disease Basics.”

When to Call Your Physician

- Call your physician within 24 hours if:
 - Your pattern of angina symptoms changes: stronger, more frequent, or lasts longer.
 - Angina occurs with rest or minimal activity or if you have any side effects from the nitroglycerin.
- For more information, see “Heart Disease Basics.”

When to Call 911

- Call 911 if you think you are having a heart attack or have the following symptoms:
 - Squeezing; burning; tightness; heaviness; pain or pressure sensation in the center of the chest, neck, arms, jaws, or between the shoulder blades; or unusual shortness of breath.
 - Other symptoms may include nausea, vomiting, sweating, general weakness, and pain in the back or neck.
- For more information, see “Heart Disease Basics.”

Heart Disease Basics

HEART BASICS

What is it?

Your heart is a muscle about the size of your fist.

Location

It is located in the middle of the chest, between your lungs.

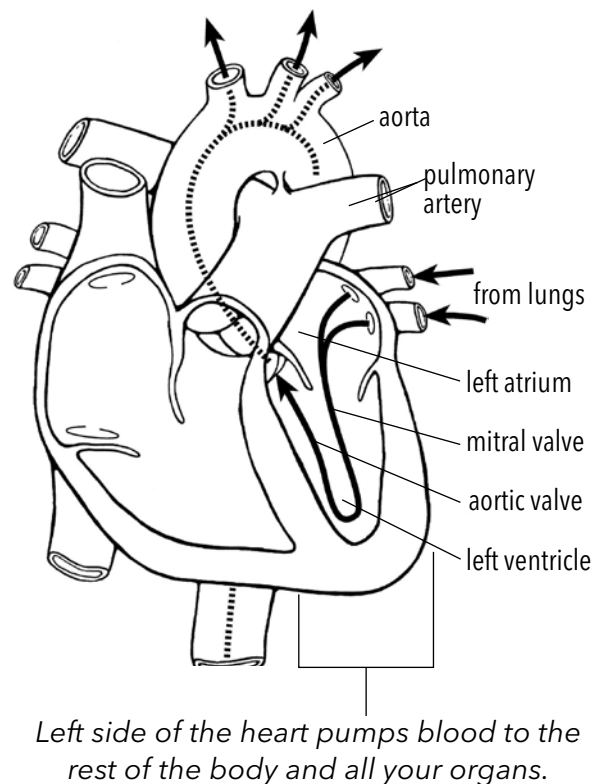
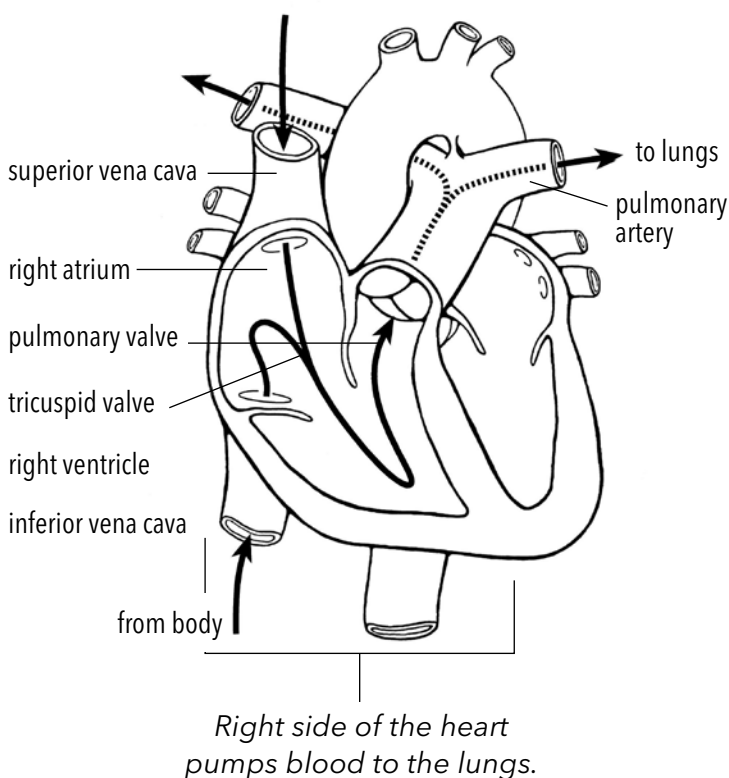
What does it do?

The job of the heart is to pump blood through the blood vessels to your whole body.

Parts of the heart

The heart is divided into a right and left side. Each side is divided into two chambers. The upper chambers are called **atria** (or **atrium** for one) and the lower chambers are called **ventricles**.

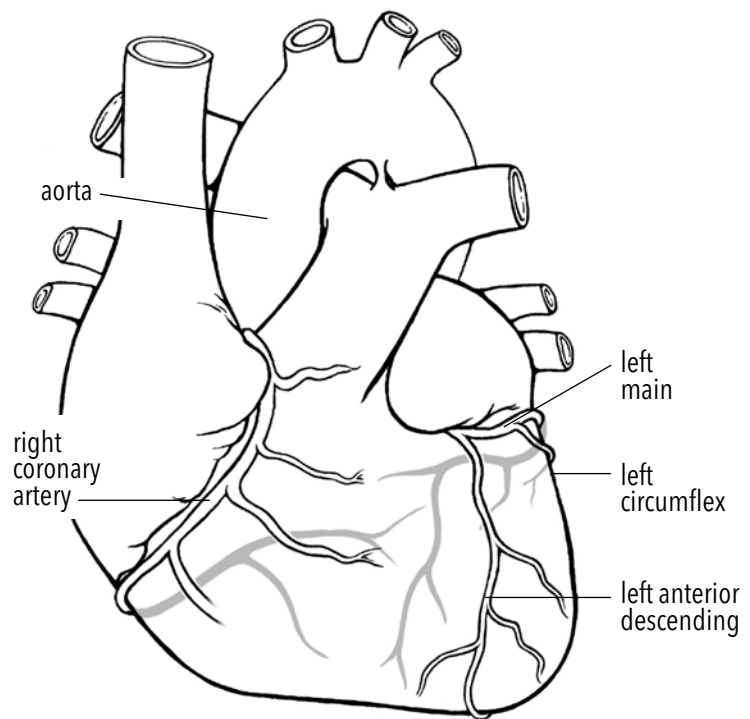
Valves maintain the flow of blood in one direction.



CORONARY ARTERIES

Coronary arteries are blood vessels that wrap around the heart. The coronary arteries deliver the oxygen and nutrients the heart needs to perform its job.

Healthy arteries are elastic, flexible, and strong. The inside lining of a healthy artery is smooth, so blood flows easily. Arteries narrow as they become clogged with cholesterol and other substances. This is called **atherosclerosis**, also known as **coronary artery disease (CAD)** or **heart disease**.

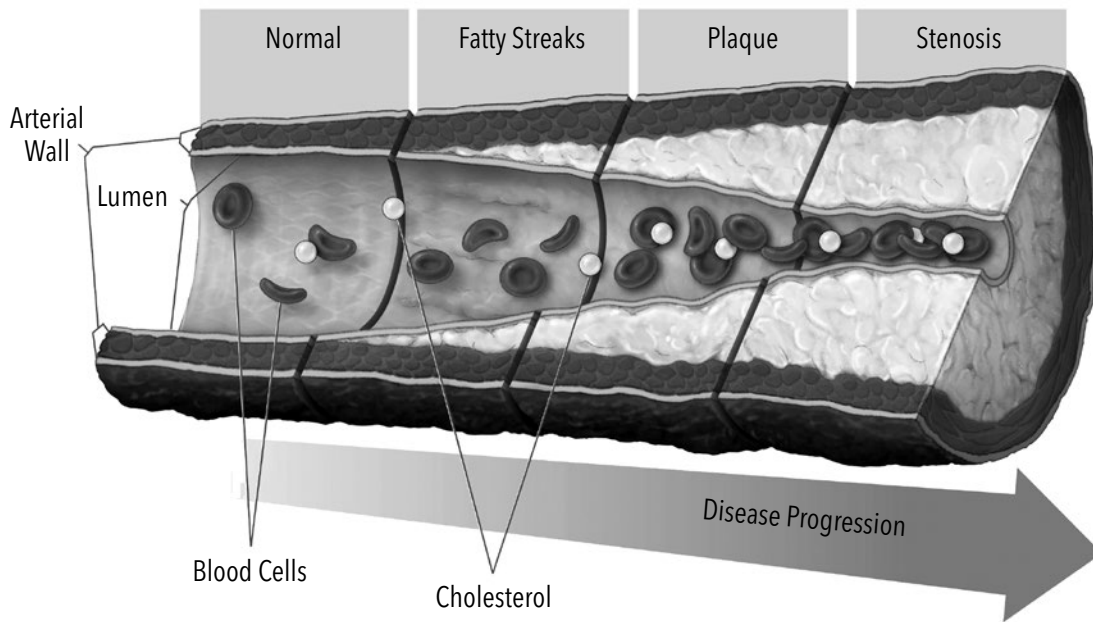


ATHEROSCLEROSIS

Atherosclerosis is a gradual process that occurs over many years. The first step is damage to the wall of the artery. This damage is caused by a number of factors, including:

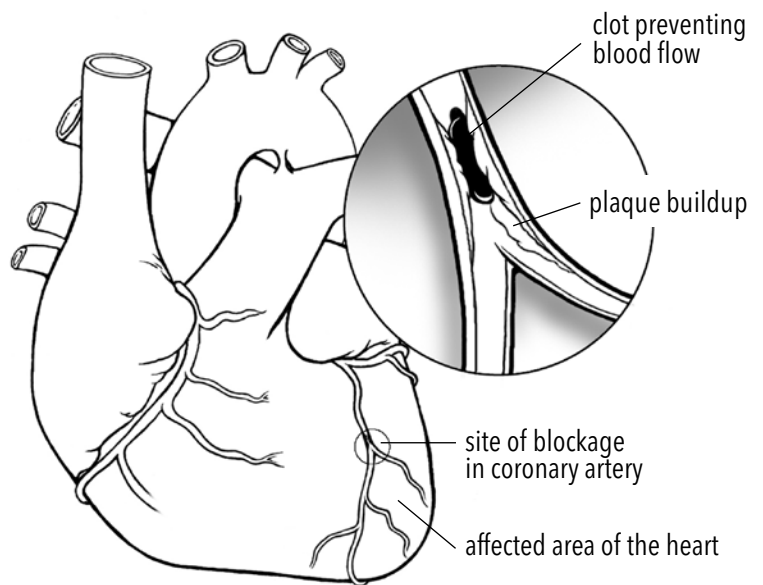
- Smoking
- Hypertension (high blood pressure)
- Diabetes
- High cholesterol and/or triglycerides

The initial damage allows the low-density lipoprotein cholesterol (LDL cholesterol or the “bad” cholesterol) to enter the artery wall. The next step is an inflammatory response. White blood cells ingest the LDL-cholesterol particles. This results in the formation of large, fatty cells called foam cells. The foam cells form fatty streaks, which are the earliest sign of atherosclerosis. The beginning of these fatty streaks can appear as early as the teenage years.



Artery with Atherosclerosis

Over time, more cholesterol is deposited and the fatty areas grow larger and larger. These fatty areas are called **plaques**. When plaque fills the artery, is called **stenosis**. Over time plaques can completely block off blood flow in an artery, or may crack open, causing a blood clot to form at the injured site. In both cases, blood flow to the heart is blocked and one may experience angina (temporary chest pain) or a **heart attack**. A heart attack is also known as a **myocardial infarction (MI)** and it usually causes permanent damage to the heart muscle. When a part of the heart muscle has been damaged, that part can no longer help the heart pump blood.



Heart Attack or Myocardial Infarction

HEART ATTACK VERSUS ANGINA

What is the difference between a heart attack and angina?

Angina	Heart Attack (Myocardial Infarction)
What It Is <ul style="list-style-type: none"> • Lack of blood flow and oxygen to the heart muscle due to a partially blocked artery that usually does not damage the heart. • Temporary. • Lasts less than 15 minutes. • Angina may be stable (predictable) or unstable (unpredictable—increasing in severity or frequency from usual pattern or occurring at rest). 	What It Is <ul style="list-style-type: none"> • Not enough oxygen for the heart muscle due to a totally blocked artery (100% blockage) resulting in permanent heart muscle damage. • Permanent. • Lasts more than 15 minutes.
Warning Signs/Symptoms <ul style="list-style-type: none"> • Squeezing; burning; tightness; heaviness; pain or pressure sensation in the center of the chest, neck, arms, jaws, or between the shoulder blades; or unusual shortness of breath. • May be triggered by physical activity, stress, eating large meals, or extreme temperature changes. • Symptoms go away with rest and/or by taking nitroglycerin. 	Warning Signs/Symptoms <ul style="list-style-type: none"> • Feels similar to angina, but discomfort is usually more intense. Other symptoms may include nausea, vomiting, sweating, general weakness, and pain in the back or neck. • May be triggered by physical activity, stress, eating large meals, or extreme temperature changes. • May start suddenly without warning. • Symptoms do not go away by rest or by taking nitroglycerin.
When and How to Seek Medical Help <ol style="list-style-type: none"> 1. Stop and rest. 2. Place one nitroglycerin tablet under the tongue. Wait 5 minutes. 3. Repeat with a second tablet if symptoms continue or worsen. Wait 5 minutes. If you don't get relief with a second tablet, call 911. 4. Repeat with a third tablet if symptoms continue or worsen. 5. Call your physician within 24 hours if: <ul style="list-style-type: none"> - Your pattern of angina symptoms changes: stronger, more frequent, or lasts longer. - Angina occurs with rest or minimal activity or if you have any side effects from the nitroglycerin. 	When and How to Seek Medical Help <ol style="list-style-type: none"> 1. If you think you are having a heart attack, call 911. Do not try to drive yourself to a nearby Emergency Department. 2. Stop and rest. 3. If you are not allergic to aspirin, chew one adult aspirin or four low-dose (81mg) aspirin.

CHOLESTEROL BASICS

Cholesterol is a fat-like, waxy substance (a sterol) normally found in the blood and in animal tissues.

Cholesterol in the blood comes from two sources:

1. Your liver can make too much. This can be genetic or it can be caused by eating saturated fat, which causes your liver to make too much cholesterol.
2. Eating animal products. Things that walk, swim, or fly all have cholesterol. Cholesterol is found in meat, poultry, fish, eggs, butter, cheese, and milk. Fruits, vegetables, grains, and beans do not contain cholesterol.

You need cholesterol for:

- The structural part of cell walls, especially brain and nerve cells.
- Making bile acids for digestion.
- Making hormones and vitamin D.

Cholesterol is only a problem if you have too much.

My Cholesterol Numbers

Write your cholesterol numbers here. If you don't know your numbers, ask your health care professional.

My total cholesterol _____

Goal: Less than 200 mg/dl

My low-density lipoprotein cholesterol (LDL-C) _____

Goal: 100 mg/dl or less. For some people, your goal may be less than 70 mg/dl.

My high-density lipoprotein cholesterol (HDL-C) _____

Goal: Greater than 40 mg/dl for men and 50 mg/dl for women

My triglycerides _____

Goal: Less than 150 mg/dl

DIAGNOSTIC TESTS AND PROCEDURES FOR THE HEART

The following are the more common tests and treatments you might have to determine the health of your heart.

Tests

Blood Tests

If you are having chest pains, your physician may order blood tests to confirm the diagnosis of a heart attack.

Electrocardiogram (EKG)

An EKG measures your heart's electrical activity. It can show a lack of oxygen to the heart, a heart attack, heart enlargement, and irregular heart rhythm. It is a "snapshot" of your heart's activity. It cannot predict your risk for a future heart attack.

Echocardiogram

Painless ultrasound waves are bounced off the heart during this test. This produces detailed images of the heart. A computer converts echos and displays them on a TV screen. It can show heart size, heart motion, valve function, and any heart damage. This test may also be done with stress testing to assess the response of the heart to stress.

Stress Test

This test is done on a treadmill or bicycle ergometer. An EKG is attached to your chest to get information about your heart during exercise. It is a closely monitored test. EKG, blood pressure, and symptoms are monitored during the test and a few minutes after the test. A stress test is done to:

- Evaluate stress-related symptoms.
- Confirm suspicion of heart disease.
- Evaluate treatment.
- Assess progress after a heart attack.
- Find irregularities in heart rhythm.

A positive test result suggests you have heart disease.

Nuclear Scans

A weak radioactive substance such as thallium, sestamibi, or technetium is injected into a vein. A scanner or special camera is used to take two sets of pictures with and without stress (induced by exercise or medication) that are compared. This test shows blood distribution to the heart muscle and how well the heart is pumping.

Cardiac Catherization and Coronary Angiography

A long plastic tube called a **catheter** is inserted through a major blood vessel into the heart. In this test, a dye is injected into the catheter. This allows the coronary arteries to show up on X-rays. This test helps your physician decide the best treatment to follow if your arteries are clogged. It can also give information about the function of the heart muscle and the valves.

Procedures

Coronary Angioplasty or “Balloon”

Coronary angioplasty relieves the symptoms of CAD by improving blood flow to the heart. A catheter with a balloon at the tip is inserted into the artery to widen a narrow passage in the vessel. Your physician may choose to insert a tiny mesh tube called a **stent** to help keep the narrowed vessel open.

Coronary Artery Bypass Surgery

Bypass surgery creates a new route for blood flow to your heart. A blood vessel from your leg or chest wall is used to create a detour around the blockage in the coronary artery. The surgery usually requires several days in the hospital and the recovery time can be up to three months. For questions about any of these tests or procedures, talk to your physician.

UNDERSTANDING THE RISKS

The risk factors listed below all contribute to the formation of heart disease. Check off the risk factors that you currently have and then read the information listed on how to manage them. You can also call your local Health Education Department (see page 46) to enroll in a class to help manage many of these risk factors.

- ☐ **Smoking** Smoking damages the inner lining of the blood vessels and raises blood pressure. Quitting is the best thing you can do for your health. Call the Healthy Living Helpline for help at **1-866-402-4320**.

- ☐ **High cholesterol** Cholesterol is a fat-like substance in the blood. It can cause fatty deposits called plaque to build up and narrow your blood vessels. The higher your cholesterol level, the greater your risk for heart disease. Go to the diet, exercise, and medication sections of this booklet for more information.

- ☐ **Diabetes** If you have diabetes, your risk for heart disease more than doubles because high blood sugar damages the blood vessels. Call your local Health Education department to enroll in a class.

- ☐ **High blood pressure** High blood pressure occurs when blood presses too hard against the walls of the blood vessels. This damages the lining of the vessels. Blood pressure over 120/80 raises your risk for heart disease.

- ☐ **Lack of exercise** Exercise strengthens your heart. It can also lower your cholesterol and blood pressure and help you control your weight. Inactive people double their risk for heart disease. Go to the exercise section beginning on page 32 for more information. Call the Healthy Living Helpline for help at **1-866-402-4320**.

- ☐ **Stress** Stress increases your blood pressure and heart rate, which can damage the lining of the blood vessels and lead to heart disease. See the stress and emotions section beginning on page 40 for more information.

UNDERSTANDING THE RISKS CONTINUED

- ☐ **Excess weight** Being overweight makes your heart work harder and can raise your LDL (“bad”) cholesterol and blood pressure. Excess weight around the midsection increases your risk the most. Call the Healthy Living Helpline for help at **1-866-402-4320**.
- ☐ **Age and gender** Blood vessels narrow and harden with age. The older you are, the greater your risk for heart disease. Men older than 45 and women older than 55 are at increased risk.
- ☐ **Family history** Your risk for heart disease may be higher if you:
 - Have a father or brother who has had heart disease before age 55.
 - Have a mother or sister who has had heart disease before age 65.
- ☐ **Other risk factors** Inflammation is a process that occurs in response to injury in the body. Research suggests that inflammation may be present in atherosclerosis. Eating a healthy diet can decrease inflammation.

Don't forget to call your local Health Education Department (see page 5) to enroll in a class to manage your risk factors.

Medications



MEDICATION GUIDELINES

Know What You Are Taking

- Know the names of all your medicines. Understand why you are taking each one and the dosage.
- Keep a written list of your medicines (prescription and nonprescription) and vitamins. Post it in an easy place for reference and keep a copy in your wallet.
- Bring your medication list to all medical appointments.
- Keep a list of any medicines that you are allergic or sensitive to.
- Let your physician know of any herbal products you are taking.

Changes in Your Schedule

- If you miss a dose, take it as soon as you remember. If it is within two hours of your next dose, skip the missed dose. **Do not double your next dose.** If you have any questions, contact your physician, health care professional, or pharmacist.
- Never stop a medication, change the dose, or take another medicine for the same reason unless specifically told to by your physician or health care professional.
- Do not let your prescriptions run out. Call for and pick up your refill when you are down to a two-week supply of medication. For your convenience, you can also refill your prescriptions online at kp.org (see page 5).

Safety Tips

- Keep all medicines out of children's reach. Use child-resistant caps if there are children in your house.
- Keep your medicines properly labeled.
- Store medicines away from heat, direct light, or damp places. A good place to store medicines is in a kitchen cabinet. Do not put medicines in the freezer.
- Check with your physician or pharmacist before taking over-the-counter medications or herbal products, especially cough, cold, or flu medicines.

MEDICATIONS FOR HEART DISEASE

These life-saving medicines can help protect you from heart attack and stroke. Large international studies have shown these medications to be effective and safe. When taken together, your risk of heart attack, stroke, and/or death from heart disease may decrease by up to 70 to 80 percent! **It is very important to take these medications as directed every day.** Side effects are rare. Do not stop any of these medications without first checking with your physician. These medications must be taken along with the lifestyle changes mentioned in this booklet.

Check off the medications you are currently using:

☐ **Aspirin**

Aspirin, 81 to 325 mg daily. Enteric-coated (Ecotrin or generic) is recommended because it may help prevent stomach problems. Aspirin reduces the risk of a blood clot forming and blocking an artery leading to the heart or brain. This reduces the risk of heart attack or stroke.

Proper Use

- Take with food, milk, antacids, or after meals to avoid an upset stomach.
- Tell your physician if you are taking any other blood thinners such as Plavix or Coumadin.

Possible Side Effects

- Nausea
- Heartburn or stomach pain

Call Your Physician If You Have

- Stomach pain not relieved by antacids
- Bloody or black stools

❑ Angiotensin-Converting Enzyme (ACE) Inhibitors

Lisinopril (Prinivil, Zestril) and captopril (Capoten), Lisinopril/Hydrochlorothiazide (Prinzide)

OR

❑ Angiotensin Receptor Blockers (ARBs)

Losartan (Cozaar)

Both ACE inhibitors and ARBs relax blood vessels so blood flows more easily to the heart. This allows oxygen-rich blood to reach the heart. They also lower blood pressure.

Proper Use

- Captopril works best if taken on an empty stomach, one hour *before* a meal or two hours *after* a meal.
- Do not take ACE inhibitors if you are pregnant.

Possible Side Effects

- Persistent, dry cough
- Rash, itching
- Swelling of the face, eyelids, or tongue

Call Your Physician

- If you have a persistent, irritating cough
- Before taking potassium or salt substitutes
- If you think you may be pregnant

Seek medical attention right away if you have swelling of your face, eyelids, or tongue.

❑ Beta-Blockers

Atenolol (Tenormin), metoprolol (Lopressor), propranolol (Inderal), carvedilol (Coreg)

Beta-blockers block the harmful effects of stress hormones and reduce blood pressure and workload placed on the heart.

Proper Use

- Do not stop taking this medication suddenly without telling your physician. Stopping the medication may cause your chest pain to get worse or your blood pressure to increase. You may need to slowly decrease the dose before stopping it completely.
- Ask your physician or health care professional to teach you how to measure your pulse because the medication can affect your heart rate.
- Check your blood sugar closely if you have diabetes. This medication can raise or lower your blood sugar and may cover up low blood sugar symptoms.

Possible Side Effects

- Dizziness
- Excessive feelings of tiredness

Call Your Physician If You Have

- Slow pulse (less than 45 beats per minute)
- Light-headedness or dizziness
- Shortness of breath or wheezing

❑ Cholesterol-Lowering Statins (HMG-CoA Reductase Inhibitors)

Lovastatin (Mevacor), simvastatin (Zocor), atorvastatin (Lipitor), pravastatin (Pravachol), rosuvastatin (Crestor)

These medications lower cholesterol in the blood and keep your arteries open. They also stabilize plaque in your arteries so the plaque is less likely to crack or rupture and cause a clot to form. They have been shown to reduce the risk of heart attack even in people with low cholesterol. Everyone with heart disease or diabetes should be taking a statin. Simvastatin is the drug most often prescribed by Kaiser Permanente physicians. Taking 40 mg of simvastatin lowers LDL (bad cholesterol) by 40 percent and lowers rates of a heart attack by 40 percent.

Proper Use

- Statin medications work best when taken in the evening. However, if you forget, take it the next morning, as they are still very effective.
- Lovastatin is best absorbed when taken with food or milk.
- Avoid large quantities of grapefruit juice (more than 1 quart per day).

Possible Side Effects

- Generalized muscle aches or weakness
- Abdominal cramps or gas pains

Call Your Physician If You Have

- General muscle aches
- Excessive weakness or tiredness
- Dark urine

Seek medical attention right away if you have muscle aches and dark urine.

❑ Nitrates

Nitroglycerin (Nitrostat, Nitro-Dur), isosorbide mononitrate (Imdur), isosorbide dinitrate (Isordil)

Nitrates relax the walls of blood vessels and increase the supply of blood and oxygen to the heart.

Proper Use

For sublingual (taken under the tongue) nitroglycerin tablets or spray:

- Take as needed. Dissolve the tablet or spray under your tongue at the first sign of chest pain or tightness that is not relieved by resting. Do not swallow or chew the tablet. Repeat approximately every 5 minutes for a total of 15 minutes (up to three tablets). **If you still have chest pain/pressure after 10 minutes, or your second pill, call 911.**
- Keep tablets in their original container. Do not transfer them to a pill box or another bottle. Put the cap on the bottle quickly and tightly after each use.
- Discard and get a new bottle if tablets are yellow or otherwise discolored. The medication is good for 6 months after you open the bottle.

For long-acting nitrates:

- Do not crush or chew sustained-release products.
- Avoid alcohol. Drinking alcohol may make dizziness or light-headedness feel worse.
- Avoid saunas, hot tubs, and sunbathing if using topical patches.

Do not take Viagra, Levitra, or Cialis if you are taking nitrates.

Possible Side Effects

- Headaches
- Dizziness or light-headedness
- Flushing of face or neck
- Nausea or stomach upset

Call Your Physician If You Have

- Stronger, more frequent, or longer-lasting angina symptoms
- Long-lasting or severe headaches
- Blurred vision
- Severe weakness or fainting

OTHER MEDICATIONS TO MANAGE YOUR HEART CONDITION

❑ Anticoagulation and Antiplatelet Medications

These medications, also known as blood thinners, decrease the risk of a blood clot leading to the heart or brain. This decreases the risk of a heart attack and stroke.

Clopidogrel (Plavix)

Proper Use

- You can take this medication with or without food.
- Do not take more medicine than your physician prescribes.

Possible Side Effects

- Longer bleeding time if you cut yourself

Call Your Physician If You

- Have unusual bleeding or bruising
- Plan to have surgery or a dental procedure

Warfarin (Coumadin)

Proper Use

- Make sure to have your blood tested regularly as scheduled by your physician or pharmacist.
- Eat a consistent amount of vitamin K. (Talk to a registered dietitian for more information.)

Possible Side Effects

- You may bruise more easily
- Longer bleeding time if you cut yourself
- Minor gum bleeding and nosebleeds

Call the Anticoagulation Service or Your Physician If You

- Become ill
- Have changes in medications, including over-the-counter medications and herbal products
- Have unusual bleeding or bruising
- Plan to have surgery or a dental procedure

Seek medical attention right away if you are having uncontrollable bleeding.

❑ Hormone Replacement Therapy

Though it was thought for some time that hormone replacement therapy (HRT)* would provide some protection from heart disease, recent evidence has suggested the opposite. It is now recommended that women should not take HRT solely for the prevention of heart disease. There may be other reasons to start or continue HRT. If you have questions about this, discuss your situation with your physician or health care professional.

*HRT means taking estrogen alone or taking estrogen and progestin (Premarin and Provera, or Prempro).

Diet



DIETARY GUIDELINES TO DECREASE THE RISK OF HEART DISEASE (MEDITERRANEAN DIET)

Research has shown that a Mediterranean-type diet can reduce cardiac events by 73 percent and overall death rate by 70 percent! The diet is mostly plant-based, includes fruits, vegetables, and whole grains daily, and is moderate in fat.

A key part of the diet is the type of fat eaten, which includes extra-virgin olive, canola, or flaxseed oil, flaxseeds, and walnuts. Also, it is very low in saturated fat, found in animal products, and trans (hydrogenated) fat, found in regular margarine or baked goods.

Key Points of the Diet

- Eat a variety of unprocessed, plant-based foods every day:
 - Eat 5-plus servings of vegetables and 2-3 servings of fruit per day.
 - Eat whole grains, such as whole-grain bread, brown rice, and whole-wheat pasta, instead of white flour, pasta, and rice.
 - Choose beans (garbanzo, pinto, black), peas, lentils, nuts, and seeds daily.
- Extra-virgin olive, canola, and flaxseed oils are the recommended fats, replacing saturated, trans, and other fats and oils (including butter and margarine). See the section called Types of Fat and Your Heart on page 32 for more information.
- Choose a margarine made without trans fat (using canola or extra-virgin olive oil) or a plant sterol margarine, such as Take Control or Benecol.
- Avoid foods that contain trans (partially hydrogenated) fat. Read the ingredients list for the words “partially hydrogenated oil.” Foods typically high in trans fats include margarine, store-bought crackers, cookies, cakes, pies, and pastries.
- Eat at least two fatty fish meals per week, such as wild salmon, trout, herring, or tuna. Since canned albacore tuna is high in mercury, eat only one to two cans per month or choose light tuna instead of albacore.
- Replace red meat with fish or poultry. If you eat red meat, limit it to one to two times a month.
- Eat low to moderate amounts of fat-free or low-fat milk, cheese, and yogurt.
- Limit egg yolks to five per week.
- Eat fresh fruit for dessert.

Other Characteristics of the Mediterranean Population

- They do much more regular physical activity than most Americans do.
- They are usually not overweight.
- They drink moderate amounts of red wine with meals (check with your health care professional before drinking).
- Fast food and convenience foods are not part of the Mediterranean lifestyle.

Tip

Depending on the foods you choose, the diet can be low in calcium or iron. You may need to take supplements.

Sample Menus for the Mediterranean Diet

Breakfast	Whole-grain cereal with ground flaxseeds Fat-free milk or soy milk Banana	2 whole-grain waffles with fresh berries Fat-free milk or soy milk
Lunch	Lentil soup Whole-grain bread with canola oil margarine (without trans fat) Cubed watermelon and cantaloupe Salad with fresh carrots, tomato, and extra-virgin olive oil and vinegar	Tuna sandwich on whole-grain bread with canola oil-based mayonnaise Pear Salad with fresh carrots, tomato, and extra-virgin olive oil and vinegar
Dinner	Grilled salmon Steamed zucchini and summer squash Brown rice or beans Salad with fresh vegetables, walnuts, and extra-virgin olive oil and vinegar Strawberries	Whole-wheat pasta with tomato sauce and vegetables Steamed carrots and green beans Salad with fresh vegetables, walnuts, and extra-virgin olive oil and vinegar Apple

DIETARY GUIDELINES FOR OTHER MEDICAL CONDITIONS

If You Also Have High Blood Pressure or Heart Failure

- Follow the dietary approaches to stop hypertension (DASH) diet. This diet recommends eating 8 to 10 servings of fruits and vegetables and 2 to 3 servings of low-fat dairy each day. It also advises following a diet that is low in saturated fat and total fat.
- Limit sodium to 1,500 mg a day. Do not use table salt; use fresh lemon juice, herbs, and spices instead. Sodium is found in salt, seasoned salts, lemon pepper, soy sauce, fish sauce, bacon, sausage, hot dogs, lunch meats, cheese, processed foods, canned or packaged soups, olives, pickles, and salted snack foods, such as chips, crackers, pretzels, and nuts.
- Discuss alcohol use with your health care professional. More than two drinks a day for men and one drink a day for women can raise blood pressure (one drink is 1 ounce of whiskey, 4 ounces of wine, or 12 ounces of beer).
- If you have heart failure, your physician may recommend that you limit your fluid intake.
- Talk to a registered dietitian or attend a health education class (see page 5) for more information.

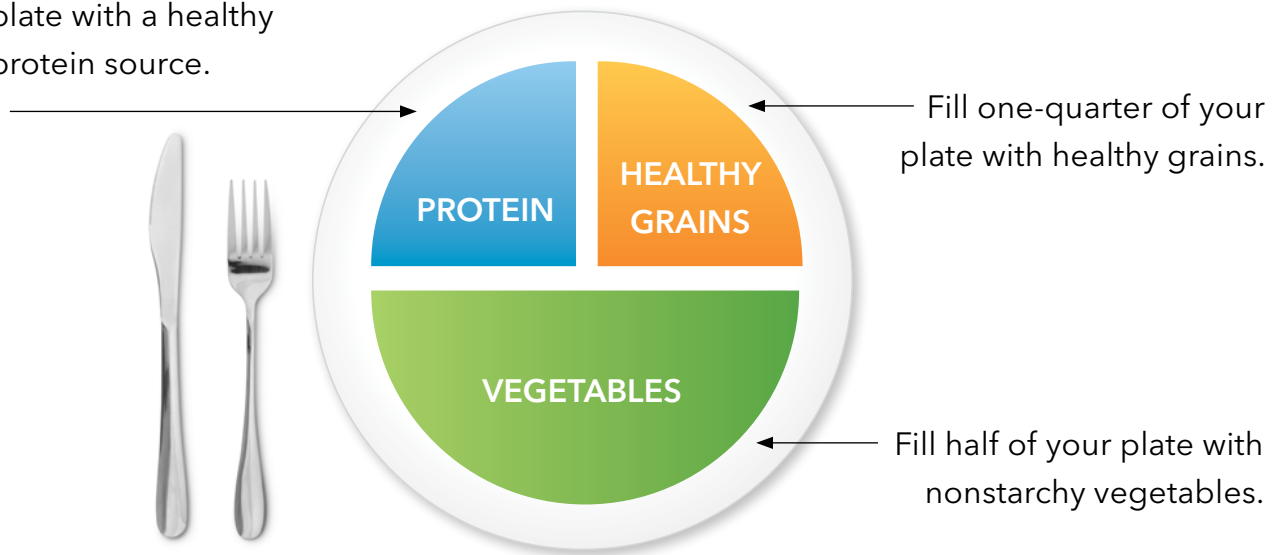
If You Also Have Diabetes

- Eat well-balanced meals daily. Do not skip meals.
- Space meals about 4 to 5 hours apart.
- Do not eat between meals unless snacks are planned into your diet.
- Limit sugar, honey, molasses, jams, jellies, pies, cakes, donuts, cookies, candy, soft drinks, and other foods that are high in sugar.
- Limit fruit to one small serving with meals. It is best to avoid juices.
- Artificial sweeteners, such as saccharin (Sweet'N Low or Sugar Twin), aspartame (Nutra-Sweet or Equal), acesulfame-k (Sweet One), and sucralose (Splenda) may be used.
- Talk to a registered dietitian or attend a health education class for more information.

THE HEALTHY PLATE

Use this plate to help you portion your food in a healthy way and make meal planning easier. Portions are based on a small dinner plate.

Fill one-quarter of your plate with a healthy protein source.



TYPES OF FAT AND YOUR HEART

There are four types of fat: saturated, trans (partially hydrogenated), polyunsaturated, and monounsaturated. There are also subclasses of polyunsaturated fats, including the n-3 (omega-3) fats and the n-6 fats. The n-3 fats are very helpful because they can help decrease your risk of heart disease by preventing fatal heart rhythms, lowering triglyceride levels, and decreasing clot formation and inflammation in your arteries. They are found in fish, walnuts, flaxseeds, flaxseed oil, and canola oil.

N-6 fats, which are found in polyunsaturated vegetable oils such as corn, safflower, sunflower, and soy lower cholesterol; however, they do not have the added benefits of n-3 fats. N-6 fats may increase risk by increasing inflammation and making platelets more sticky. Since n-3 fats intake is usually low in a typical American diet, choose them more often to get their added benefits.

To lower your risk of heart disease:

- Avoid trans fat.
- Eat less saturated fat.
- Choose extra-virgin olive oil and the n-3 (omega-3) fats found in fish, walnuts, flaxseeds, flaxseed oil, and canola oil.

Saturated Fats

- Cause your liver to make too much cholesterol and increase your LDL ("bad") cholesterol levels.
- Are typically solid at room temperature.
- Sources include whole milk, butter, cheese, sour cream, ice cream, fatty cuts of beef, pork, or lamb, coconuts, coconut milk, and coconut and palm kernel oil.

Your goal is to limit saturated fat.

Trans Fats (Hydrogenated Fats)

- Cause your liver to make too much cholesterol, increase your LDL cholesterol levels, may increase triglyceride levels, and decrease your HDL ("good") cholesterol levels.
- Are solid or semi-solid at room temperature.
- Sources include any food that lists partially hydrogenated oils on the ingredient list, such as margarine, vegetable shortening, baked goods, crackers, commercially prepared fried foods, and many fast foods.

Your goal is to avoid trans-fatty acids.

Polyunsaturated Fats

- Lower LDL cholesterol.
- Are liquid at room temperature.
- Sources include corn, soybean, safflower, and cottonseed oils.

Your goal is to choose these fats in moderation.

Monounsaturated Fats

- Lower LDL cholesterol and raise HDL cholesterol.
- Are liquid at room temperature.
- Sources include olive, canola, and peanut oil; olives; avocados; most nuts; and nut butters.

Your goal is to choose these fats, especially extra-virgin olive oil or canola oil, more often.

N-3 (Omega-3) Fats—An Extra Benefit for Your Heart

- Help prevent and treat heart disease by preventing fatal heart rhythms, lowering triglyceride levels, decreasing clot formation, and decreasing inflammation in your arteries.
- Sources include fish, walnuts, flaxseeds, and flaxseed and canola oils.

Your goal is to choose these fats most often.

Cholesterol

While cholesterol is not a fat, foods that contain cholesterol can also increase your blood cholesterol level. Cholesterol is found in all animal products, including:

- Liver and organ meats.
- Red meats (beef, pork, lamb).
- Poultry.
- Fish and shellfish.
- Egg yolks (egg whites are OK).

Your goal is to limit high-cholesterol foods.

ACTION PLAN FOR A HEART-HEALTHY DIET

Check off the things you are willing to try.

- ☐ Instead of whole or low-fat (2 percent) milk, I will have fat-free or low-fat (1 percent) milk.
- ☐ Instead of butter or margarine with trans fats, I will have trans-fat-free margarine.
- ☐ I will eat 5-plus servings of vegetables and 2-3 servings of fruit per day by eating _____.
- ☐ Instead of red meat, I will have fish, turkey, or chicken.
- ☐ Instead of a beef hamburger, I will have a turkey burger.
- ☐ Instead of ice cream, I will have a pureed banana and frozen blueberries.
- ☐ Instead of ice cream, I will have frozen grapes.
- ☐ Instead of corn, vegetable, peanut, soy, sunflower, or safflower oils, I will have (circle your choices) canola or extra-virgin olive oil.
- ☐ I will eat more nuts and seeds by eating a small amount of _____ each day.
- ☐ Instead of white rice, I will have brown rice.
- ☐ Instead of white bread, I will have whole-grain bread.
- ☐ Instead of white pasta, I will have whole-wheat pasta.
- ☐ I will have _____
- ☐ I will have _____
- ☐ I will have _____
- ☐ Instead of _____
- I will have _____

☐ Instead of _____

I will have _____

☐ Instead of _____

I will have _____

☐ Instead of _____

I will have _____

Grocery List

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Notes

MEDITERRANEAN DIET

for a healthier heart



Healthy Heart Basics

AN INTRODUCTION

What is cholesterol?

Cholesterol is a waxy, fat-like substance that is produced in the liver. It performs different functions in the human body. Some promote health, some do not. Your cholesterol levels are affected by how much cholesterol your body makes as well as the amount of saturated fat and cholesterol in the foods you eat.

Your liver will produce more cholesterol if your diet is high in cholesterol and fat. Excess cholesterol builds up on the walls of the arteries that carry blood to the heart. Over time this build-up may slow or block blood flow to the heart.

High blood cholesterol is a major risk factor for heart disease. The higher your blood cholesterol levels, the greater your risk.

Good vs. bad cholesterol

Cholesterol is carried through the body attached to protein “packages” known as lipoproteins. The low-density lipoproteins (LDL) are considered bad because they deposit cholesterol in the artery walls and cause a build-up of plaque. Because of this you want your LDL cholesterol to be as low as possible. The high-density lipoproteins (HDL) are considered good because they remove cholesterol from the blood. Since HDL cholesterol protects against heart disease, higher numbers are better.

What are Triglycerides?

Triglycerides are another type of fat found in the blood. Because triglycerides and cholesterol can't dissolve in blood, they circulate throughout your body. High triglyceride levels may increase your risk for heart disease and may also harm your pancreas.

Reducing Your Heart Disease Risk

MORE THAN JUST HEALTHY EATING

There are many other things you can do besides heart healthy eating that can reduce your risk for heart disease.

Be physically active

Physical activity helps to improve blood cholesterol by raising your HDL and lowering your LDL. It may also help you lose weight, lower blood pressure and reduce stress.

Maintain a healthy weight

Excess weight tends to increase your LDL. Losing weight may help to lower your LDL and triglycerides and raise your HDL.

Quit smoking

Smoking increases your risk for stroke and heart disease. If you quit smoking, in one year your risk of heart disease will drop by more than half.

For help in quitting, talk with your doctor, or sign up for a smoking cessation class. (See Additional resources on page 32).

Keep scheduled visits with your doctor

By seeing your doctor regularly, you know your cholesterol levels and other tests or screening results, which may determine if you are at increased risk for heart disease. If found early, many heart conditions can be treated with lifestyle changes and medications instead of surgery.

Heart Disease

WHAT ARE THE RISK FACTORS?

High blood cholesterol is only one of the many factors that increase your risk of disease. Here are other factors. Check the boxes that apply to you.

- High LDL cholesterol
- Low HDL cholesterol
- Smoking
- High blood pressure
- Age (men more than 45 years old, women more than 55 years old)
- Family history of early heart disease (if your parent or sibling developed heart disease before age 55 for men or before age 65 for women)



How many risk factors do you have?

The more risk factors you have, the greater your risk of heart disease. Your risk factors help determine your LDL goal.

To further determine your risk of having a heart attack in the next 10 years, the Framingham risk calculator can be used. You can do this by going to the Web site for the National Heart Lung and Blood Institute at <http://hin.nih.gov/atpiii/calculator.asp?usertype=pub>.

Your score is then used to determine what your LDL cholesterol goal should be. Check with your doctor to confirm the LDL goal that is right for you.

Here is what the goals are depending on your 10 year risk of a heart attack:

10 year risk of a heart attack	Risk status	LDL cholesterol goal
Less than 5%	Very Low	Less than 160
5-10%	Low	Less than 130
11-20%	Moderate	Less than 130
More than 20%	High	Less than 100, Less than 70 for some individuals

The good news is that you can lower your risk through TLC. Changing your diet to decrease saturated fat intake is an important place to start. This booklet will give you guidelines for lowering saturated fat and for making healthy food choices.

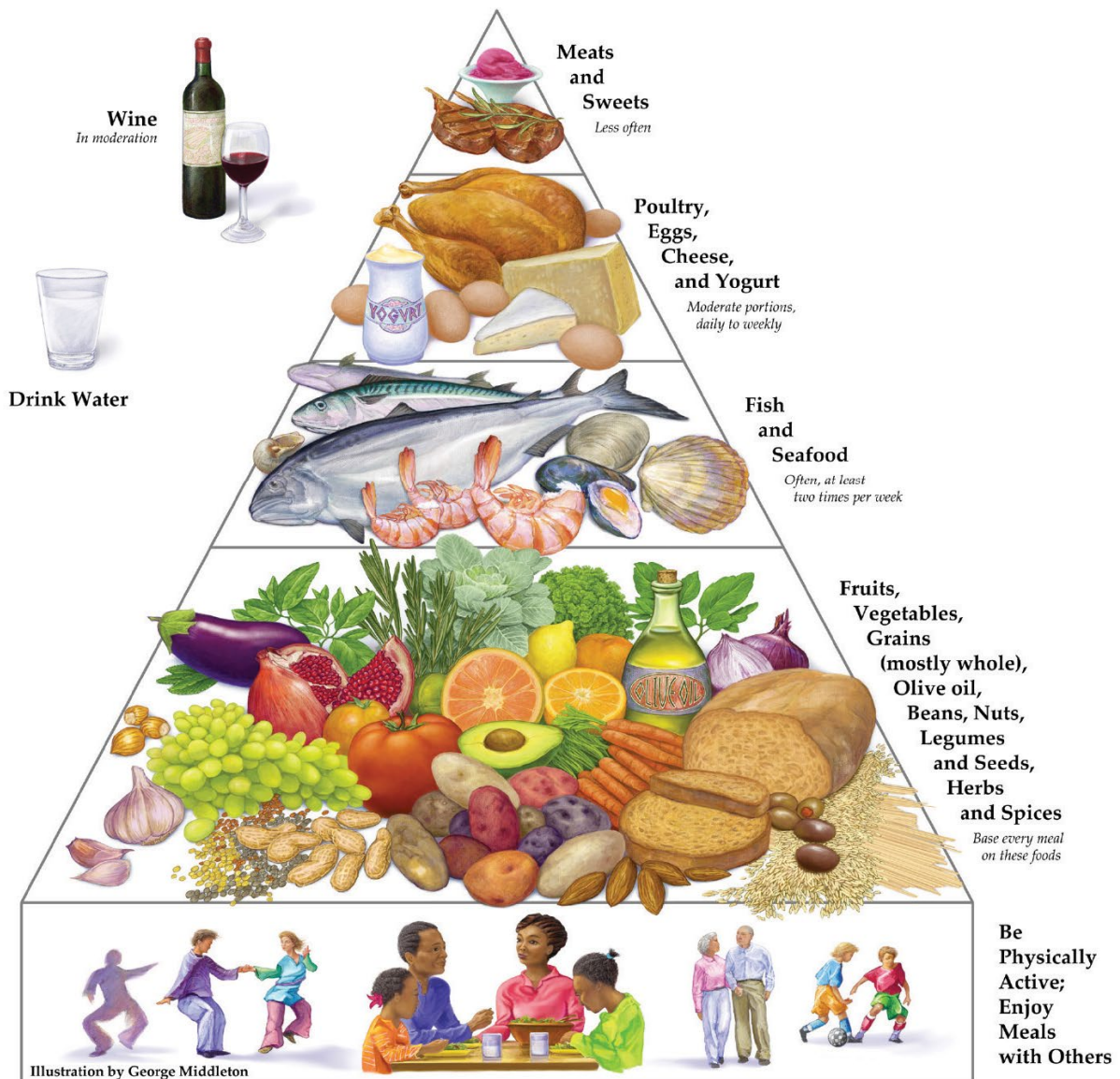
Mediterranean Diet

What is the Mediterranean Diet?

The Mediterranean diet is linked with a lower risk of heart disease, Alzheimer's disease and possibly asthma and arthritis that may be caused by inflammation. It is based on the eating and exercise habits of many of the countries that border the Mediterranean Sea. This way of living includes eating more fruits and vegetables, using healthier oils (like olive oil) and getting more exercise. People who eat this way are more active and tend to live longer lives.

Mediterranean Diet Food Pyramid

Here is what the goals are depending on your 10 year risk of a heart attack:



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Mediterranean Diet

DECREASE YOUR RISK OF CHRONIC DISEASE

Key Points of the Diet

- Eat plant-based foods every day, such as fruits, vegetables, whole grains, beans, peas, lentils, tofu, nuts, and seeds.
- Eat a variety of unprocessed, home-cooked foods.
- Eat five or more servings of vegetables and two to four servings of fruit every day (One serving is a small piece of fruit, ½ cup of cooked vegetables or 1 cup of raw fruits or vegetables)
- Use Extra virgin olive oil as main fat.
- Avoid foods high in trans fats (these foods will have the words “partially hydrogenated oils” on the ingredients list), such as store-bought crackers, cookies, cakes, pies, pastries, flour tortillas, and margarine. Read the label for other foods high in trans fats.
- Avoid foods that have palm kernel oil, vegetable shortening, or fully hydrogenated fat in the ingredients list.
- Eat at least two fish meals per week, such as salmon, trout, halibut, or tuna (limit tuna to 6 oz. per week).
- Replace red meat with fish or poultry. Red meat, if eaten at all, should be limited to one or two times a month.
- Have one or two servings of fat-free and low-fat dairy products daily. One serving is 1 cup.
- Limit egg yolks to five per week (including those used in cooking and baking).
- Try fresh fruit for dessert instead of other sweets.

Other Lifestyle Habits of the Mediterranean Population

- Regular physical activity. Aim for 30 minutes or more 5 days a week.
- Moderate amounts of red wine are consumed with meals (check with your health care professional before drinking).

Fast food and convenience foods are not a part of the Mediterranean lifestyle

Sample Menu

Breakfast:

Oatmeal with ground flaxseeds;
Fat-free milk or almond milk;
Fresh blueberries; Slice of
whole-grain bread with
“Old-fashioned” peanut butter

Lunch:

Lentil soup; Salad with fresh
carrots, tomatoes, walnuts,
and extra virgin olive oil and
vinegar; Whole-grain bread
with all olive oil/balsamic oil for
dipping; Cubed watermelon
and cantaloupe

Dinner:

Grilled salmon; Steamed
zucchini and summer squash;
Brown rice; Salad with fresh
vegetables, walnuts, and extra
virgin olive oil and vinegar;
Strawberries and plain
nonfat yogurt



Mediterranean Eating Plan

BREADS, CEREALS, RICE, PASTA, AND OTHER GRAINS (Daily)

Key Points of the Diet

Breads, cereals, rice, pasta and other grains are generally high in carbohydrates and fiber, and low in saturated fat, cholesterol and calories. Some exceptions to this include bakery breads, sweet bread products and cookies.

Increasing your intake of fiber is important in lowering your cholesterol. To increase the fiber in your diet, at least half of your selections from this group of food should be from whole grain choices. Read more about fiber in for your consideration.

Here is a guide to buying higher fiber, lower fat and cholesterol containing bread and grain products.



What should I eat?	What should I limit?
<ul style="list-style-type: none">• Choose whole grain bread, pita bread, tortillas and rolls often.• Lower fat baked goods; low fat muffins, crackers. Check food labels and choose one with 3 or fewer grams of total fat per serving.• Cold or hot unsweetened whole grain cereals. Check food labels and choose a cereal high in fiber with more than 3 grams of fiber per serving.• Whole grains like brown and wild rice, whole grain pastas, quinoa, barley, bulgur, and oats.	<ul style="list-style-type: none">• High fat baked goods, croissants, muffins, biscuits, doughnuts, pastries and pies.• High fat granolas, muesli and oat bran types made with coconut and palm oils.

Mediterranean Eating Plan

FRUITS AND VEGETABLES (Daily)

Fruits and vegetables are great sources of fiber and important nutrients and antioxidants. Current recommendations encourage us to eat 10 servings a day. That sure can sound like a lot! It's easier to achieve this goal than you think; it's about 2 cups of fruit a day and 2-1/2 cups of vegetables.

Here are some suggestions to increase fruits and vegetables in your diet.

Make it easy

- Keep a bowl of fruit within easy reach on the kitchen counter or your desk at work so that you can grab a piece of fruit when you're hungry.
- Buy packaged, ready-to-eat fresh vegetables and fruits. These cut down on preparation time.
- Use the microwave to quickly cook vegetables.

Pump up the flavor

- Dip raw vegetables in hummus, or peanut butter, or plain yogurt.
- Toss raw or cooked broccoli and cauliflower with low-fat Italian dressing and parmesan cheese to make a flavorful side dish.
- Roast vegetables and fruits to bring out their flavor. Just drizzle them with a small amount of olive oil, and bake them in the oven until they are tender.
- Season cooked vegetables with lemon juice and a small amount of olive oil. For extra flavor, add fresh herbs such as basil, tarragon, and sage.
- Try baked apples or pears topped with cinnamon and honey for a delicious dessert.

Take small steps

- Mix sliced fruit or frozen berries with yogurt or cereal.
- Sauté onions, green peppers and/or mushrooms in your omelet.
- Add apple chunks, pineapple, grapes, or raisins to tuna or chicken salad.
- Make fruit smoothies by blending together fresh or frozen fruit, fruit juice, and yogurt.
- Add dried or fresh fruit to oatmeal, pancakes, and waffles.
- Add lots of colorful vegetables, such as red cabbage, carrots, and bell peppers, to green salads.
- Top salads with dried cranberries or raisins, or with sliced pears, oranges, nectarines, strawberries, or grapefruit.
- Add extra vegetables, such as grated zucchini or carrots, spinach, kale, and bell peppers, to pasta sauces and soups.
- Add lots of vegetables to sandwiches. Lettuce, tomatoes, cucumbers, bell peppers, and avocado slices are flavorful choices.



Mediterranean Eating Plan

FATS AND OILS

Fat is a necessary part of a healthy eating plan. Some fats are healthier than others. You can help to lower your blood cholesterol when you replace saturated fats with unsaturated fat. Just be sure to use sparingly to keep calories in check. Below is a guide to choosing fats that are healthier for your heart. A Mediterranean Eating plan includes healthy fats daily.

Limit as much as possible	
High in saturated fats	High in trans fats
<ul style="list-style-type: none"> • pastries, pies, and bakery items • palm oil, palm kernel oil, and coconut oil • marbled meats and meats such as sausage, cold cuts, hot dogs, bacon • Regular cheese • butter and dairy products with whole milk, such as cheese, cream, whole milk, and ice cream • chocolate 	Processed foods including: <ul style="list-style-type: none"> • chips • cookies, pastries • fried foods • fast food • crackers • stick margarine • regular shortening • hydrogenated oils

Choose in moderation		
High in monounsaturated fats	High in polyunsaturated fats	High in omega-3 fat*
<ul style="list-style-type: none"> • olive oil • canola oil • peanut oil and peanut butter • olives • avocados • almonds • pecans • macadamia nuts • cashews • hazelnuts • pistachio nuts • peanuts 	<ul style="list-style-type: none"> • safflower oil • corn oil • walnuts • soybeans • sunflower oil & seeds • oils made from seeds • brazil nuts (has about equal amounts of mono- & polyunsaturated fats) • soft tub margarine with "0" trans 	<ul style="list-style-type: none"> • salmon • sardines • mackerel (pacific or jack) • herring • tuna (canned light) • tuna (albacore) • Pollack • trout • soybean oil • walnuts • walnut oil • ground flaxseeds • flaxseed oil • canola oil

Mediterranean Eating Plan

DAIRY (weekly)

Like meats, regular dairy foods that have fat such as whole and 2% milk, cheese and ice cream are also high in saturated fat and cholesterol. However, dairy products are an important source of nutrients like calcium and vitamin D.

Eating two to three servings per day of low fat and nonfat dairy products is one way to get these nutrients. Here is a guide to buying low fat and nonfat dairy foods.

What should I eat?	What should I limit?
<ul style="list-style-type: none"> • Fat-free or 1% cow's, soy, or rice milk • Fat-free creamer or evaporated skim milk • Low fat and nonfat yogurt • Low fat or part-skim hard cheeses like part skim mozzarella. Try to find cheeses with less than five grams of fat per serving. Check the food label. • Low fat or nonfat soft cheeses like 1% or nonfat cottage cheese, low fat farmer's cheese, low fat and nonfat cream cheese or part skim ricotta. • Low fat frozen dairy desserts like low fat frozen yogurt or ice cream, fruit ices, sorbets and popsicles 	<ul style="list-style-type: none"> • Whole and 2% cow's/soy milk • Cream and half & half • Regular yogurt • Regular fat hard cheeses like cheddar, gruyere, Monterey jack, parmesan, provolone, or Swiss. • Soft cheeses like brie, regular cream cheese, regular cottage cheese or whole milk ricotta. • Regular ice cream, ice cream bars and sandwiches



Mediterranean Eating Plan

MEAT (monthly) POULTRY, AND FISH (weekly)

To lower your blood cholesterol level, select lean meats, poultry, fish and shellfish most often. Try baking, steaming, broiling or grilling instead of frying.

Since even the leanest meat, chicken, fish and shellfish have saturated fat and cholesterol; limit the total amount you eat to five ounces or less per day. (Three ounces is the about the size of a deck of cards.)

What should I eat?	What should I limit?
<ul style="list-style-type: none">• Lean trimmed beef cuts like tenderloin, sirloin round or flank steak, 93-96% lean ground beef• Game like elk, buffalo and venison• Trimmed pork cuts like tenderloin, loin roast or chop, 95% lean ham, turkey bacon or Canadian bacon• Veggie dogs, veggie bratwurst, low fat beef, pork or turkey hot dogs, turkey pepperoni• Skinless chicken and turkey, ground chicken or ground turkey breast• Baked, broiled, or grilled fish or shellfish. (Choosing fish more often, twice a week is recommended)• Egg whites, egg substitutes, eggs with Omega-3 fatty acids	<ul style="list-style-type: none">• Prime rib, T-bone, rib-eye steaks, brisket, pot roast and regular 70-90% ground beef, organ meats• Bacon, sausage, ribs, pork shoulder roast, chitterlings, organ meats• Bratwurst, hot dogs, salami, pepperoni, bologna, pork rinds• Chicken and turkey skin, chicken and turkey wings or gizzards, duck and goose• Fried or breaded fish



Mediterranean Eating Plan

MEAT, POULTRY, AND FISH

What are meat substitutes?

Dry peas, beans and tofu (also called bean curd) are great meat substitutes that are low in saturated fat and cholesterol. Dry beans and peas also have a lot of fiber, which can help lower blood cholesterol.

- Try adding 1/2 cup beans to pasta, soups, casseroles and vegetable dishes.
- Make beans the centerpiece of the meal as in beans and rice.
- Tofu takes the flavor of marinades as well. Try marinating tofu in a nonfat dressing or tangy sauce and then grill or bake it for a heart healthy dish. See For your consideration for more information on soy products.

What about eggs?

Egg yolks are high in dietary cholesterol and should be limited to no more than five yolks per week.

What can you do if you want to make a recipe with whole eggs in it?

Egg whites have no cholesterol and you can substitute them for whole eggs in recipes.

- Two egg whites are equal to one whole egg.
- Cholesterol free egg substitute can be used in place of whole eggs. Check packaging for amounts equal to one whole egg. Often, 1/4 cup is equal to one whole fresh egg.

What should I eat?	What should I limit?
<ul style="list-style-type: none"> • Lean trimmed beef cuts like tenderloin, sirloin round or flank steak, 93-96% lean ground beef • Game like elk, buffalo and venison • Trimmed pork cuts like tenderloin, loin roast or chop, 95% lean ham, turkey bacon or Canadian bacon • Veggie dogs, veggie bratwurst, low fat beef, pork or turkey hot dogs, turkey pepperoni • Skinless chicken and turkey, ground chicken or ground turkey breast • Baked, broiled, or grilled fish or shellfish. (Choosing fish more often, twice a week is recommended) • Egg whites, egg substitutes, eggs with Omega-3 fatty acids 	<ul style="list-style-type: none"> • Prime rib, T-bone, rib-eye steaks, brisket, pot roast and regular 70-90% ground beef, organ meats • Bacon, sausage, ribs, pork shoulder roast, chitterlings, organ meats • Bratwurst, hot dogs, salami, pepperoni, bologna, pork rinds • Chicken and turkey skin, chicken and turkey wings or gizzards, duck and goose • Fried or breaded fish

Mediterranean Eating Plan

SWEETS AND SNACKS

- Limit Sweets with large amounts of sugar and saturated fat to a few times a week or less
- Try fresh fruit for a dessert instead.
- Many sweets and snacks, like baked goods, cheese crackers and some chips are often high in saturated fat. Here is a buying guide to purchasing lower saturated fat containing sweets and snacks.
- Also, remember that although these treats may be low in fat, most are not low in calories.



What’s a better option?	What should I limit?
<p>Use Sparingly</p> <ul style="list-style-type: none">• Low fat cookies or cakes like angel food cake, animal crackers, fig and other fruit bars, ginger snaps, graham crackers, vanilla wafers.• Fat-free or low fat prepared pudding. Pudding from mix made with nonfat or 1% milk.• Low fat ice cream, frozen yogurt, sherbet or sorbet.• Gelatin desserts. Use fat-free or low fat non-dairy toppings or whipped cream if used.• Baked snack chips like baked tortilla or potato chips or pretzels.• Low fat crackers like melba toast, rye crisps, saltine crackers, rice or corn cakes.• Air popped popcorn or low fat microwave popcorn.	<ul style="list-style-type: none">• Regular fat cookies and baked goods.• Regular puddings or puddings from mix made with whole or 2% milk.• Regular fat ice cream and frozen desserts• Whipped cream or non-dairy topping• Fried tortilla, corn or potato chips• Regular crackers or crackers containing hydrogenated and partially hydrogenated vegetable oils.• Buttered popcorn.

Nutrition Specifics

WHAT'S THE GOAL?

Use the following chart to determine your daily fat and saturated fat gram intake.

Select a daily calorie level first—

- If you need to lose some weight, choose 1200-1600 calories per day.
- To maintain weight, or if you are very active, choose 1800 calories or more per day.

Your Registered Dietitian can help if you have additional questions regarding your needs.

Eating a diet high in saturated fat and trans fat is what raises cholesterol the most.

- Saturated fat is found mostly in animal foods, such as fatty meats, poultry skin, and whole fat dairy foods. It's also found in many snack foods and bakery goods.
- Trans fats can also raise cholesterol. Trans fat is found in foods that contain "hydrogenated" oils in them. It is found in foods such as baked goods, fried foods, shortening, and stick margarine.



Calories	Saturated/ Trans Fat	Sodium	Fiber
1200	9 grams	1500-2000 mgs	20 gms
1400	11 grams	1500-2000 mgs	20 gms
1600	12 grams	1500-2000 mgs	25 gms
1800	14 grams	1500-2000 mgs	25 gms
2000	15 grams	1500-2000 mgs	30 gms
2200	17 grams	1500-2000 mgs	30 gms
2400	19 grams	1500-2000 mgs	35 gms

Food Labels

IMPORTANT THINGS TO KNOW

Serving size

Check this information first. The amount of calories and nutrients listed on the label are based on one serving of food. If you are eating twice the serving size, you are getting twice the calories, fat, etc.

Saturated fat & Trans fat

Use this information if you are watching your fat intake.

Sodium

Eating less salt or sodium may help to reduce blood pressure. For blood pressure control, try to limit sodium to 1500-2000 mgs per day.

Fiber

Try to aim for foods with at least 3 grams fiber per serving. Aim for a total of 20 - 35 grams per day.

Nutrition Facts			
Serving Size 1 cup (228g)			
Servings Per Container 2			
Amount Per Serving			
Calories 250		Calories from Fat 110	
Total Fat 12g18%			
Saturated Fat 3g		15%	
Trans Fat 3g			
Cholesterol 30mg		10%	
Sodium 470mg		20%	
Total Carbohydrate 31g		10%	
Dietary Fiber 0g		0%	
Sugars 5g			
Protein 5g			
Vitamin A4%			
Vitamin C2%			
Calcium20%			
Iron4%			
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.			
	Calories:	2,000	2,500
Total Fat	Less than	65g	30g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Healthy Shopping

TIPS FOR COOKING AND SHOPPING

Healthy eating tips

Healthy eating takes time and planning, but it's worth the effort.

Here are a few examples of small changes you can start to make today.

Trying to eat more fruits and vegetables?

Add fruit or vegetable servings to one snack or meal each day.

Trying to eat at home more often?

Plan several, quick meals you can shop for and prepare on weekends. Enjoy the leftovers during the week.

Want to eat less fat?

Experiment with low fat cooking methods. Use non-stick spray, an indoor grill, or invest in non-stick skillets and pans. Identify one high fat food you are eating and find a substitute, eat a smaller portion, or eat it less often.

Want to know more about the food you eat?

Learn to read food labels. Keep a food diary for one day or more. Weigh and measure your portions using measuring cups.

Look for:

- Fiber—More than 3 gms/serving
- Total fat—Less than 5 gms/serving
- Sodium—Less than 400 mgs/serving

Ideas for a healthy shopping list

Meat, poultry, shellfish

- Chicken or turkey breast
- Fish
- Lean cuts of red meat—round or sirloin
- Lean ham
- Extra lean ground beef (93% or more lean)
- Frozen entrees—low fat, low sodium Healthy Choice®

Dairy products

- Skim or 1% milk
- Low fat or nonfat yogurt
- Low fat cheese (under 3 grams fat per ounce)
- Low fat sour cream or cream cheese

Fats and oils (use only small amounts)

- Extra virgin Olive oil
- Trans fat free spreads
- Light mayonnaise and salad dressing

Sweets and snacks

- Popsicles, frozen yogurt, sherbet
- Fig bars cookies, gingersnaps, animal crackers
- Low fat popcorn, unsalted pretzels

Fruits and vegetables

- Use fresh, frozen, or no salt added
- Buy in season, use a variety of colors

Breads, cereals, pasta

- Whole grain breads and crackers
- Brown rice, whole wheat pasta
- High fiber cereal made with bran
- Canned, dried beans such as kidney, pinto, or garbanzo beans

Pantry staples

- A variety of herbs and spices
- Flavored vinegar
- Non-stick Pam® spray
- Hot sauce, salsa

Eating Out

LOW CALORIE AND HEART HEALTHY TIPS

Eating out tips

Keep portions small

- Keep normal portions in mind; think about what you would usually eat at home.
- Ask for a take-out container, or share an entrée.
- Share tempting desserts with your whole table, just a bite is often enough.
- Order smaller portions to begin with. Senior meals, or appetizer portions are usually about the right size.

Eat less fat and calories

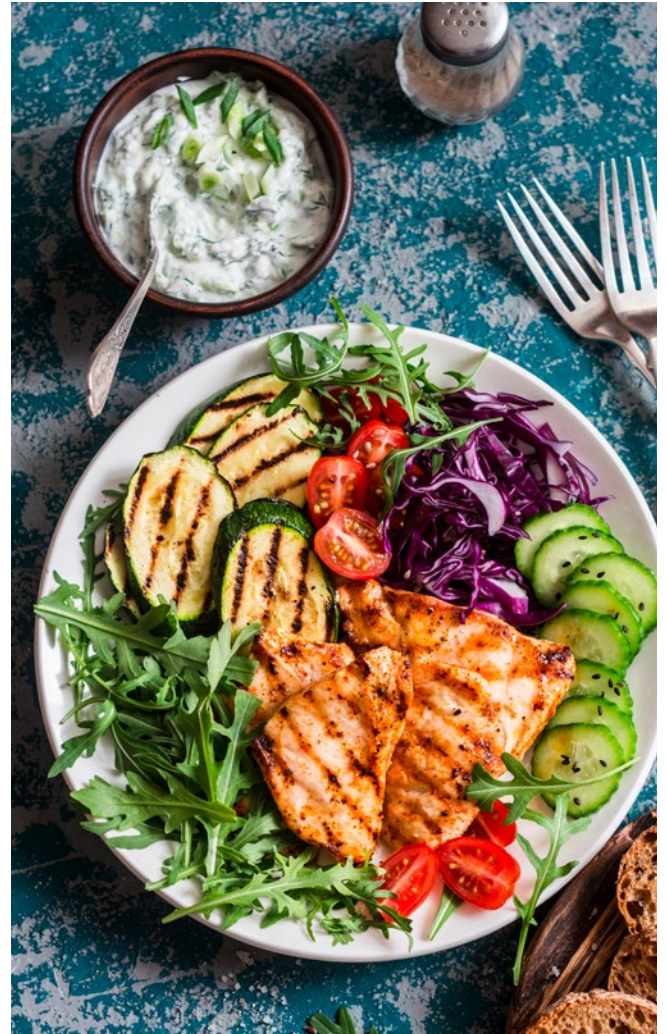
- Choose meals marked “heart healthy” or “light”.
- Eat less added fats like mayonnaise, butter, salad dressing, and sauce—order on the side and use a small amount.
- Ask for food served without cheese.
- Make special requests—most restaurants will gladly prepare to order.

Choose broiled, grilled or roasted food, and lean meats.

- Choose low or no calorie beverages
- Order unsweetened tea, sparkling water, or fat-free or low fat milk.
- In coffeehouses, order nonfat ‘skinny’ drinks in smallest portions.
- Use alcohol in moderation, if at all, (1 drink for women, 2 for men).

Other things you can do...

- Ask that non-ordered foods such as chips or bread be removed from the table.
- Choose more whole grains, fruits and vegetables.
- Always order a salad or vegetable to help fill you up.
- Choose low fat or nonfat dairy products.



For Your Consideration

HEART HEALTHY TOPICS

The following diet recommendations have been found to have some benefit for heart health. They are being studied further.

Omega-3 fats

Recent research is showing that Omega-3 polyunsaturated fats may have important heart health benefits. Specific types of Omega-3 fatty acids include ALA (Alpha-Linoleic Acid), EPA (eicosapentanoic acid) and DHA (docosahexaenoic acid). Most concentrated sources of DHA and EPA are found in certain fish including salmon, albacore tuna, mackerel, trout, herring and sardines.

DHA and EPA appear to promote heart health by preventing platelets from clotting and sticking to the artery walls. Decreased clotting helps reduce the chances of blockages in an artery and therefore decreases the risk for heart attack and stroke.

The American Heart Association recommends eating fish at least twice a week in place of high saturated meats.

ALA is found in plant sources such as flaxseeds, walnuts, canola oil and soy oil. The evidence is less clear about ALA's role in promoting heart health.

Soy protein

At this time it is unclear if soy food products reduce the risk of heart disease. However, soy foods such as edamame, tofu, soy nuts and butters, soy burgers, and soy milk, when they replace foods such as cheese, hamburgers, and whole milk are still a heart healthy choice.

Soluble fiber

Fiber is a substance found only in plants such as fruits, vegetables, legumes and grains. The American Dietetic Association and the National Cancer Institute recommend eating 20-35 grams of fiber each day. There are both soluble and insoluble fibers in all fiber-containing foods. These fibers work differently, but both contribute to your health.

Soluble fiber is the form that may lower blood cholesterol. Some foods are higher in soluble fiber than others. To help you increase your intake of soluble fiber try some of these soluble fiber-rich foods: oats, barley, apples, pears, oranges, peas and legumes (lentils, split peas, pinto, kidney, garbanzo and lima beans) and psyllium enriched cereals or fiber supplements.

Plant stanols

Plant stanols/sterols occur naturally in fruits, vegetables, seeds, and beans. These compounds block the absorption of cholesterol that you eat. You can also take a plant stanols/sterols supplement.

The daily dose recommended for lowering cholesterol is at least 2 grams of plant stanols/sterols as directed on the packaging. Remember that although these products can block absorption of cholesterol that you eat, they do not reduce the amount of cholesterol your body naturally makes so your dietary changes will have a large impact on reducing cholesterol.

What about alcohol?

In some studies, moderate alcohol consumption was shown to raise your HDL cholesterol. However the American Heart Association does not recommend you start drinking if you don't do so already.

Moderate alcohol consumption is defined as no more than 1-2 drinks per day for men, 1 per day for women. A drink is considered 5oz wine, 12oz beer or 1.5oz spirits. You may be asked to limit your alcohol consumption if you have high triglycerides or high blood pressure. Alcohol may interfere with medications, so if you're unsure if alcohol is for you, ask your doctor.

Additional Resources

ORGANIZATIONS, NEWSLETTERS,
IN PERSON OR ONLINE

Kaiser Permanente

Individual appointment with a **Registered Dietitian**

Healthy Education Classes

- Living Well with Heart Failure, Heart Failure University, Weight Management, Diabetes/Prediabetes, Kidney, Cooking, Exercise, Stress Management
- Call **404-365-0966** to schedule an individual appointment or class

kp.org - various tools available

Wellness Coaching by Phone

1-866-862-4295

Other Resources

- American Heart Association
heart.org
- National Heart Lung and Blood Institute
nhlbi.nih.gov
- Oldways
oldwayspt.org
- MyPlate
choosemyplate.gov
- Kaiser Permanente
about.kp.org/health-and-wellness/recipes



Your Personal Plan

Tracking my personal diet action plan

Think about these questions, and then fill in the action plan below:

1. Do I choose whole grains such as brown rice, whole grain cereals, or whole wheat pasta?
2. How many servings of fruits and vegetables do I eat a day?
3. What can I do to make a change in my diet?

Examples:

- I will choose whole grain cereals instead of cornflakes.
- I will eat 8 servings of vegetables and fruits 2 days this week.

4. What kind of protein foods do I eat?
5. Do I eat fish and limit red meat?
6. Do I choose low-fat or fat-free dairy products?

Examples:

- I will eat fish 2 times this week.
- I will switch to low fat cheese or reduce my cheese intake

7. Limit saturated fat and avoid trans fat
8. Choose healthy fats instead, such as olive, canola, or flaxseed oil instead of butter

Examples:

- Instead of using vegetable oil, I will use olive oil.
- I will use olive oil and vinegar on my salads.

List what you are willing to try:

1. _____
2. _____
3. _____
4. _____

Notes

Exercise



EXERCISE

If a “miracle drug” could help you decrease your risk of heart disease; lose weight; avoid and control high blood pressure, high cholesterol, and diabetes; help reduce feelings of stress, anxiety, and depression; and prevent osteoporosis, would you take it? Of course the “medication” is exercise. Together with a healthy diet, exercise is the basis for healthy living.

BENEFITS OF EXERCISE

What would you like to gain from physical activity?

- ☐ Reduce my risk of having a heart attack.
- ☐ Lose weight or maintain a healthy weight.
- ☐ Raise my HDL or “good” cholesterol and/or lower my total and LDL “bad” cholesterol.
- ☐ Help control my blood pressure.
- ☐ Help control my blood sugar.
- ☐ Feel less stress, anxiety, depression, and improve my mood.
- ☐ Feel more energy and endurance.
- ☐ _____
- ☐ _____
- ☐ _____

GETTING STARTED

If you are currently not active, any increase in your physical activity level will benefit the health of your heart. **However, if you are recovering from a heart attack or surgery, have been physically inactive for a long time or have a serious chronic health condition, talk with your physician or health care professional about how much exercise is recommended for you.**

- Start by choosing a physical activity you enjoy and are sure you will stick with. Walking is easy, low cost, social, and has a low risk of injury.
- Gradually lengthen the time you exercise at a comfortable level. Add about 5 minutes to your exercise time each week.
- When you can exercise comfortably for 20 to 30 minutes at a time, you can gradually increase the intensity of your exercise.
- Remember it is better to do a little bit of exercise than to do nothing at all.

EXERCISE PRESCRIPTIONS

If you are recovering from a heart attack or surgery, your physician or health care professional may write an “exercise prescription” for you. An exercise prescription describes what kind of exercise to do, how often, and for how long.

You will be given a target heart rate range for your exercise, based on a treadmill test and review of your medications and other health conditions you may have.

An exercise prescription aims to be FITT:

F	Frequency	Aim to be physically active at least 5 days a week.
I	Intensity	Aim for a moderate level of exercise intensity for maximum cardiovascular benefit. Talk to your physician about the heart rate that is right for you.
T	Type	An aerobic activity that uses large muscle groups such as walking, swimming, or biking.
T	Time	Work up to 30 minutes. Start with a 5-minute warm-up and end with a 5-minute cool-down

SAFETY TIPS

- When you first start to exercise, be aware of how your body is responding to your activity. A little increase in mild fatigue, for example, may be normal during the first few weeks of exercise.
- If you have had a heart attack, avoid exercise for 1-2 hours after meals or right after taking your blood pressure medication.
- Remember to start longer exercise sessions slowly (warm up) to gradually increase the blood flow to your muscles.
- If you experience symptoms such as persistent shortness of breath, leg and ankle swelling, persistent rapid heart rate or irregular heart rate, or chest pain (angina), stop exercising and contact your physician or health care team.
- If you are lifting weights, be sure to breathe through each lift.

If you can't exercise vigorously, everyday activities such as housework, gardening, yard work, and walking for pleasure are helpful. Yoga, tai chi, or a "chairdancing" videotape are also good options.

WHEN TO POSTPONE EXERCISE

- Fever or illness.
- When the weather is very hot or very cold.
- Unstable angina. If you are having symptoms of chest discomfort at rest, with no exertion, and if the symptoms respond to nitroglycerin, do not exercise. Contact your physician.
- Shortness of breath with mild exertion.
- If your blood sugar is greater than 250.
- If your blood pressure is greater than 165 for systolic or 100 for diastolic.

Signs that you are exercising too hard

If you feel *any* of these signs, STOP and REST.

- Feeling dizzy OR weak
- Very out of breath
- Pains or pressure in the left or mid-chest area, left neck, shoulder, jaw, or arm
- Unstable angina; contact your physician
- Nausea
- Palpitations (very strong heartbeats)

Call 911 if:

- During or after your exercise you frequently have pains or pressure in the left or mid-chest area, left neck, shoulder, arm, or jaw.
- You feel extremely breathless after mild exertion.
- You have excessive sweating or nausea while exercising.

Exercise Action Plan

My Exercise Action Plan:

I will exercise _____ times a week.

I will do these exercise activities:

I plan to exercise _____ minutes each time.

SEXUAL ACTIVITY

Many people who are living with heart disease have questions about sexual activity. Sexuality is a natural part of human life. As long as you listen to your body, you should be able to return to whatever your sexual activity level was before your diagnosis of heart disease. Some people may be embarrassed to discuss sexuality with their physician or health care professional; however, they are prepared to answer your questions. Open communication with your partner and physician will help reduce anxiety about your diagnosis.

General Guidelines for Sexual Activity

- People can usually return to sexual activity two to six weeks after a cardiac event (for example, heart attack, open heart surgery, or angioplasty).
- Typically, you can resume sexual relations if you are able to climb one flight of stairs at a moderate pace without any symptoms.
- Sexual intercourse should be resumed in usual surroundings. A strange setting adds to heart stress.
- An unfamiliar sexual partner or unusual sexual position also adds increased stress to your heart.
- Positions for sexual intercourse should be comfortable and should not restrict your breathing.

- Don't use your arms to support body weight during vigorous sexual intercourse.
- Medication such as nitroglycerin or Isordil may be taken before sexual intercourse to prevent the mild angina (chest pain) that may occur during or immediately after sexual relations.
- Levitra, Cialis, and Viagra are safe to use for cardiac patients, unless you are also taking any form of nitrate medication (see page 17). Ask your health care professional if you are not sure.
- Some medications may interfere with sexual desire, and for men may interfere with the ability to achieve and maintain an erection. Discuss your medications with your health care professional if these problems occur.

If you experience any of these four signs, do not resume sexual relations until you have reported your condition to your physician:

- Shortness of breath or increased heart rate for more than about 15 minutes after sexual intercourse.
- Extreme tiredness the day after sexual intercourse.
- Severe, long-lasting chest pain during sexual intercourse.
- Palpitations (very strong heartbeats) for 15 minutes or longer after sexual intercourse.

Stress and emotions



MANAGING STRESS FOR YOUR HEART

Learning to manage stress in today's fast-paced world isn't easy, but it is key for the health of your heart.

Relaxation Techniques

Your body needs to relax at least 20 minutes a day to undo the fight-or-flight response. Some ways to relax include:

- Do some deep breathing for a few minutes every day. Slowly breathe deeply and fully all the way down to your abdomen, hold for 5 seconds, and then exhale slowly. Call your local Health Education Department (see page 46) for class information and printed material on this great stress releaser.
- Attend progressive muscle relaxation, yoga, or meditation classes regularly, or buy tapes and do it at home. These activities help reverse the effects of stress. Ask your local Health Education Department or your health care professional for suggestions on classes in your area.

Other Stress Reduction Techniques

- Exercise regularly. It helps you to use up the hormones that are created by your body when you are stressed.
- Reduce chemical stressors. Quit smoking if you smoke. Ask your health care professional about alcohol and caffeine, as many people find it hard to relax when these are taken on a regular basis.
- Start a hobby. A hobby helps you focus your energy.
- Develop meaningful relationships. Sharing your concerns and fears with someone who cares about you helps reduce stress. Venting and talking to others about specific situations helps as well.
- Start a daily journal. Write down the events that cause stress in your life and what you do to manage them. Refer back to your journal to evaluate what has worked in the past and use those techniques to manage current stressors. Writing things down is also a great release mechanism.
- Watch a funny movie, read a good book, take a long bath, get a massage, or listen to music you enjoy. These are all great ways to get your mind off day-to-day stressors.
- Prayer, religious beliefs, and/or developing a relationship with a higher power may also help manage stress.

General stress reduction techniques I will incorporate into my life:

1. _____

2. _____

3. _____

4. _____

5. _____

EMOTIONS AND HEART DISEASE

Understanding Your Feelings

- Experiencing a variety of feelings about heart disease is normal.
- Sometimes what we are thinking about can trigger feelings that make managing heart disease more difficult.
- Understanding your feelings is vital for overcoming problems and coping with heart disease.

Stages of Coping

Coping with a chronic disease, such as heart disease, may cause you to experience any of the following emotional stages or feelings, but not in any particular order. These feelings can come back at any time.

- *Fear and/or anxiety* about how heart disease will impact you can be either short term (fears at the current time) or long term (fears about future health).
- *Denial* is a common defense mechanism that may ease the pain at first. If it continues, it can interfere with you taking action to improve your health and well-being.

- *Anger* is a common feeling that can be directed inwardly (toward yourself) or outwardly (toward others).
- *Bargaining* involves making a pact with others that if you take some action, in return, your condition will improve.
- *Depression* can lead to feeling sad, helpless, hopeless, worthless, tired, and irritable.
- *Acceptance* is realizing that the responsibility for managing your health care rests with you. This is the stage that can lead to future good health and well-being.

Expressing your feelings during each stage is one of the most important things you can do. This releases the negative energy you may be keeping inside you. You can express your feelings by writing them down in a journal or writing a letter. Another way is to express your feelings verbally; this is where the people in your support system can help you.

DEPRESSION

Feelings of sadness, fatigue, or helplessness are common after a heart attack or diagnosis of coronary artery disease. Sometimes these feelings linger and can turn into depression.

To check for depression, place a check in the box if you have felt any of the following symptoms within the past 2 to 4 weeks:

- ☐ 1. Have you been sad or down in the dumps?
- ☐ 2. Have you lost interest in the things you usually enjoy (job, sports, hobbies)?
- ☐ 3. Do you often feel tired?
- ☐ 4. Do you have trouble sleeping or do you sleep too much?
- ☐ 5. Have you been gaining or losing weight?
- ☐ 6. Do you feel down on yourself or feel that everything is your fault?
- ☐ 7. Do you have trouble making decisions or concentrating on your work?
- ☐ 8. Do you often feel agitated or like you can barely move?
- ☐ 9. Do you ever feel that life isn't worth living?
- ☐ 10. Have you had thoughts of death or suicide?

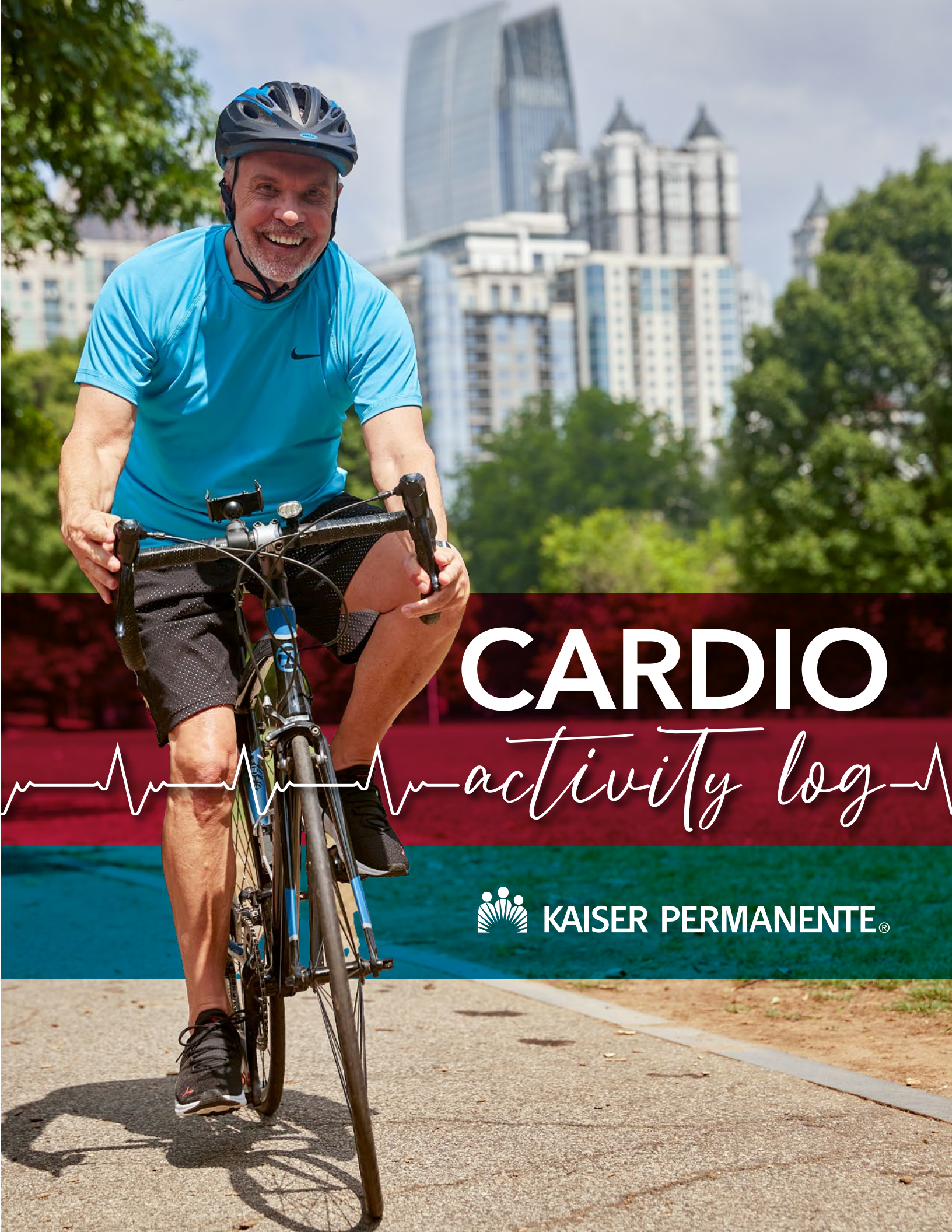
If you checked 5 or more boxes, or if you checked questions 2 and 10, see your health care professional as soon as possible to discuss your symptoms and treatment options. Treatment options usually include medication and/or therapy.

If you scored 4 or less, but think that some of these areas may apply to you, you may have some symptoms of depression. Discuss this the next time you see your physician or health care professional.

If you are experiencing some symptoms of depression, your health care professional can help. Many of the cardiac health education classes also discuss this topic. Call your local Health Education Department (see page 5) for more information.

Remember! Although you may not like having heart disease, it is possible to live well with it. How well you manage your heart disease will affect how well you are able to live. Take the challenge. Start today. Do what you need to do now to manage your stress, express your feelings, and live your best life!

Notes



CARDIO

activity log



KAISER PERMANENTE®

week 1

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)				Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue				8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)				Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue				8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar	Medications
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: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

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	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
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	Time	Blood pressure	Weight	Blood sugar	Medications
:	a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
:	p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes	
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
:	a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
:	p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

week 2

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
	: a.m.	/		
: p.m.	/			
<div>Medications</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>				

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
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	: a.m.	/		
: p.m.	/			
<div>Medications</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>				

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	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
	: a.m.	/		
: p.m.	/			
<div>Medications</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>				

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

week 3

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

week 4

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Medications
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

week 5

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

week 6

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no

week

7

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
	: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

week 8

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar
	: a.m.	/		
				Medications
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar
	: a.m.	/		
				Medications
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar
	: a.m.	/		
				Medications
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

week 9

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/		<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

week 10

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)				Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue				8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)				Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue				8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)				Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue				8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:	Activity		Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)	
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20	
	Time	Blood pressure	Weight	Blood sugar	Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no	

week 11

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar Medications
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			Medications <input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

week 12

Units	Goals
Days	
Minutes	
Assignment	Resource
Reading	
Video	

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:	Activity	Duration	Steps	Notes
	Symptoms (Check all that apply.)			Exertion Rating (Circle one.)
	<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue			8 9 10 11 12 13 14 15 16 17 18 19 20
	Time	Blood pressure	Weight	Blood sugar
: a.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no
: p.m.	/			<input type="checkbox"/> yes <input type="checkbox"/> no

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Day/Date:

Activity	Duration	Steps	Notes
Symptoms (Check all that apply.)		Exertion Rating (Circle one.)	
<input type="checkbox"/> none <input type="checkbox"/> chest pain <input type="checkbox"/> dizzy/lightheaded <input type="checkbox"/> shortness of breath <input type="checkbox"/> fatigue		8 9 10 11 12 13 14 15 16 17 18 19 20	
Time	Blood pressure	Weight	Blood sugar
: a.m.	/		
: p.m.	/		
		Medications	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Notes and Goals

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Home-Based Cardiac Rehab

Improve your overall health and quality of life.

- Lower your risk of a future heart attack.
- Reduce your risk of dying from heart disease.
- Improve recovery after surgery.
- Manage your symptoms.
- Feel more hopeful and less depressed, stressed, or worried.
- Have more energy and return to your usual activities.

Kaiser Permanente
Cardiology Department

