

Heart Failure Quiz

1. Heart failure means:

- A. My heart can't pump blood as well as it should.
- B. Extra fluid can pool in my lungs and body.
- C. My body isn't getting enough oxygen in my blood.
- D. All of the above.

2. How long do you need to take medicines to control your heart failure symptoms:

- A. Until the symptoms go away.
- B. For the rest of my life.
- C. Until I feel better.
- D. None of the above.

3. The most sodium (salt) you can have every day is:

- A. 1,000 to 1,500 mg
- B. 1,500 to 2,000 mg
- C. 2,000 to 2,500 mg
- D. None of the above.

4. You will be able to eat deli meats, pickles, olives and canned soups:

- A. True
- B. False

5. You need to weigh yourself every day:

- A. True
- B. False

6. If you gain 3 pounds in 1 day or 5 pounds in 1 week:

- A. Call your health care provider right away.
- B. Start dieting to lose weight.
- C. Take extra medicine.
- D. Don't worry about it.

7. It is OK to have one beer once a week:

- A. True
- B. False

8. The most liquids you can drink in one day is:

- A. 1 liter
- B. 2 liters
- C. 3 liters
- D. 4 liters

9. Exercising every day is important to:

- A. Maintain a healthy weight.
- B. Help your muscles get stronger.
- C. Help your heart pump oxygen-rich blood through your body.
- D. All of the above.

10. Understanding what to do if your symptoms change from day to day is important to:

- A. Avoid a hospital stay.
- B. Prevent the symptoms from becoming worse.
- C. Help you feel as good as you can.
- D. All of the above.

11. The “Heart Failure Action Plan” (on page 5):

- A. Is a helpful list I will look at when my symptoms change.
- B. Is just a suggestion I only need to follow if I want to.
- C. Is important for me to understand what to do when my symptoms become worse.
- D. A and C.

12. You and your health care team will work together to find the best treatments for you.

- A. True
- B. False

Answers:

1. D 2. B 3. B 4. B 5. A 6. A 7. B 8. B 9. D 10. D 11. D 12. D 13. A

Personal Health Profile

Personal Health History

Please list any illnesses or health problems you have had (such as rheumatic fever, pneumonia) or any chronic (long-lasting) illness you have (such as diabetes, high blood pressure, cancer).

Date	Illness or Problem
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Hospital Stays

Please list any illnesses or surgeries that required you to stay in a hospital.

Date	Reason	Hospital
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Health Records

Exam	Date Done	Date Due	Comments
Complete physical exam			
Lipids (cholesterol, LDL, HDL, triglycerides)			
Rectal exam			
Hemoccult (check for blood in the stool)			
Colon screening (flex sig or colonoscopy)			
Prostate exam			
Breast exam			
Pap smear			
Mammogram			
Eye exam			
Dental visit			

Shot	Date Done	Date Due	Comments
Flu (influenza)			
Pneumonia			
Tetanus (due every 10 years)			
Other			

Schedule of Appointments

Date	Time	Location	Doctor/Nurse

Office Visits and Lab Tests

Date	Reason for Visit	Follow-up Recommended

Blood Pressure and Pulse Record

Date	Pulse	Left: Stand or Sit	Right: Stand or Sit

Home Exercise Program

When you complete your timed exercise, please fill out the boxes below.

Date	Time	Morning	Afternoon	Evening	Symptoms/Feelings
	4 min.				
	5 min.				
	6 min.				
	7 min.				
	8 min.				
	9 min.				
	10 min.			May decrease exercise to twice a day.	
	11 min.				
	12 min.				
	13 min.				
	14 min.				
	15 min.				
	16 min.				
	17 min.				
	18 min.				
	19 min.				
	20 min.		May decrease exercise to once a day.		
	21 min.				
	22 min.				
	23 min.				
	24 min.				
	25 min.				
	26 min.				
	27 min.				
	28 min.				
	29 min.				
	30 min.				

Home Exercise Program

When you complete your timed exercise, please fill out the boxes below.

Date	Time	Morning	Afternoon	Evening	Symptoms/Feelings
	4 min.				
	5 min.				
	6 min.				
	7 min.				
	8 min.				
	9 min.				
	10 min.			May decrease exercise to twice a day.	
	11 min.				
	12 min.				
	13 min.				
	14 min.				
	15 min.				
	16 min.				
	17 min.				
	18 min.				
	19 min.				
	20 min.		May decrease exercise to once a day.		
	21 min.				
	22 min.				
	23 min.				
	24 min.				
	25 min.				
	26 min.				
	27 min.				
	28 min.				
	29 min.				
	30 min.				

Current Medicine List

Pharmacy: _____ Phone: _____

Doctor: _____ Phone: _____

Medicine allergies: _____

Medicine and reason for taking	Dose	Break-fast	Lunch	Midday	Supper	Bedtime	Comments

Current Medicine List

Pharmacy: _____ Phone: _____

Doctor: _____ Phone: _____

Medicine allergies: _____

Medicine and reason for taking	Dose	Break-fast	Lunch	Midday	Supper	Bedtime	Comments



Questions or Notes

Questions or Notes

Questions or Notes



Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

Make health care easier with an online, all-in-one way to manage care.

Get started at
AllinaHealth.org/account

Allina Health 

S410726 1221 ©2021 ALLINA HEALTH SYSTEM. TM – A TRADEMARK OF ALLINA HEALTH SYSTEM.

allinahealth.org/heartfailure

Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



allinahealth.org/heartfailure