

## Contract to Take Care of Myself

To control my heart failure, I agree to:

- take my medicine as prescribed
- avoid salt and high-salt foods
- weigh myself daily
- rest between activities
- pace myself when exercising
- follow the diet my doctor recommends
- call my doctor immediately if I...
  - gain weight suddenly
  - have increased swelling
  - feel side effects from my medication
  - have shortness of breath or cough
  - do not feel well for any reason