


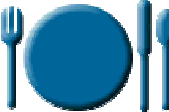










GOALS FOR KIDNEY CARE SELF MANAGEMENT

Goal 1 <input type="checkbox"/>	I know my GFR (% kidney function remaining) and I will let my healthcare providers know my GFR whenever I receive care for any reason (especially emergency room or out-of-province)		Date
Goal 2 <input type="checkbox"/>	I will take all the medicines prescribed by my doctor and remind myself by: ___ Keeping the medications in a pill box. ___ Writing out a list of what I need to take, how much and when		Date
Goal 3 <input type="checkbox"/>	I will keep an updated list of all the medications I take and bring the list with me when I see my doctor or any healthcare provider		Date
Goal 4 <input type="checkbox"/>	I will follow the diet that has been recommended for me: ___ reduce protein (meats, dairy products) ___ reduce phosphorus (limit milk, eggs, baked goods) ___ reduce potassium (fruits, nuts, soy products)		Date
Goal 5 <input type="checkbox"/>	I will work towards being at my ideal body weight, which is: ___ lbs/kgs.		Date
Goal 6 <input type="checkbox"/>	I will get a flu shot this fall and get a pneumonia vaccine (if I haven't had one done)		Date
Goal 7 <input type="checkbox"/>	___ I will know my blood pressure goal: ___/___ ___ I will measure and record my blood pressure		Date
Goal 8 <input type="checkbox"/>	I will work on quitting smoking. I will be down to ___ cigarettes a day by my next visit to the doctor		Date
Goal 9 <input type="checkbox"/>	I will learn more about kidney disease by: ___ attending a learning session ___ reading information from the Kidney Care Clinic		Date
Goal 10 <input type="checkbox"/>	I will exercise ___ days a week for ___ minutes ___ days a week The exercise I choose to do is:		Date
Goal 11 <input type="checkbox"/>	I will monitor my mood. If I am feeling down, I will: ___ talk with a friend or family member ___ do an activity I enjoy		Date
Goal 12 <input type="checkbox"/>	I will check my blood sugar as instructed by my doctor or nurse: My goal is: ___ 2 hrs. after a meal		Date