

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Date of Service \_\_\_\_\_

## **Cardiopulmonary Rehabilitation Personal Goals**

Please rank the items listed below as:

- #1- most important to me
- #2- somewhat important to me
- #3- not very important to me
- #4- unsure of importance
- N/A- does not apply to me

### **I would like to:**

- \_\_\_\_\_ Be able to breathe better
- \_\_\_\_\_ Have less shortness of breath when doing things
- \_\_\_\_\_ Have more energy
- \_\_\_\_\_ Be able to get out of the house more often
- \_\_\_\_\_ Be able to sleep better
- \_\_\_\_\_ Enjoy eating more
- \_\_\_\_\_ Go back to work or find another job
- \_\_\_\_\_ Spend less time coughing
- \_\_\_\_\_ Get rid of my phlegm more easily
- \_\_\_\_\_ Avoid getting sick
- \_\_\_\_\_ Be less anxious about going out
- \_\_\_\_\_ Be able to walk up a flight of stairs
- \_\_\_\_\_ Have less wheezing in my chest
- \_\_\_\_\_ Stay out of the hospital
- \_\_\_\_\_ Know more about my medicines
- \_\_\_\_\_ Know how and when to use my inhalers
- \_\_\_\_\_ Panic less when I get short of breath
- \_\_\_\_\_ Understand how my lungs and heart work
- \_\_\_\_\_ Know why I feel so anxious
- \_\_\_\_\_ Lose weight
- \_\_\_\_\_ Control my blood sugar
- \_\_\_\_\_ Gain weight
- \_\_\_\_\_ Know what I should be eating
- \_\_\_\_\_ Know how to live with this disease
- \_\_\_\_\_ Know if I'm getting enough oxygen when I do things
- \_\_\_\_\_ Know how to monitor my vital signs