



*Coronary Artery
Disease Daily Health
and Wellness Journal*

Coronary Artery Disease Daily Health and Wellness Journal



Coronary artery disease (CAD) is the most common type of heart disease and can be controlled through lifestyle changes. Lifestyle changes include following a healthy diet, being physically active, maintaining a healthy weight and managing stress.

Sometimes we may have the best intentions to make changes but time restrictions, family members or health issues can push us off track. Instead of being discouraged, try to make the best decision you can based on the situation you are in. Keeping a journal is a good way to help you reflect on your priorities, record your progress and identify areas to improve on. This can be as simple as writing down your own thoughts, feelings and observations about your life. Each day, take a moment and choose a time that is convenient for you to journal.

This journal is your tool to make healthy lifestyle changes and manage your coronary artery disease effectively.

For more information regarding Health Net Federal Services, LLC's CAD Health Education program, contact your CAD Education Specialist below, Monday through Friday, 8:00 a.m. to 6:00 p.m. local time.

CAD Education Specialist: _____

Contact Number: _____

List the situations that cause worry, stress and tension, and note how the stress affects you, your relationships and your job. It will be easier to relieve your stress when you know what is causing it.



Goal Tracking Form

Set **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:

Week #:

Weekly Goal:

Write down how successful you were this week:

List anything that may have prevented you from reaching your goal:

Write down possible solutions to overcome the obstacles listed above:

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

Make exercise an important part of your day by scheduling it on your calendar and treating it like you would any other appointment.



Goal Tracking Form

Set **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:

Week #:

Weekly Goal:

Write down how successful you were this week:

List anything that may have prevented you from reaching your goal:

Write down possible solutions to overcome the obstacles listed above:

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

Fish is generally low in calories, saturated fat and cholesterol, making it a good substitute for meat. Aim to eat at least two servings of fish each week.



Goal Tracking Form

Set **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:

Week #:

Weekly Goal:

Write down how successful you were this week:

List anything that may have prevented you from reaching your goal:

Write down possible solutions to overcome the obstacles listed above:

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

Try to get at least 30 minutes of moderate exercise most days of the week. Exercise helps reduce stress and improves the health of your body and mind.



Goal Tracking Form

Set **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**imely goals.

Directions: Fill in your weekly behavior goal at the beginning of the week. At the end of the week, complete the last three sections. Identifying your successes, obstacles and solutions for overcoming barriers will help you achieve your future goals.

Date:

Week #:

Weekly Goal:

Write down how successful you were this week:

List anything that may have prevented you from reaching your goal:

Write down possible solutions to overcome the obstacles listed above:

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

DATE _____

Day _____

Blood pressure _____

Weight _____

Breakfast	Calories

Lunch	Calories

Dinner	Calories

Snacks	Calories

Exercise	How Long?	Intensity Level (low, medium, high)

Stress Journal

Rate your stress level today LOW MEDIUM HIGH

Stressful event(s): _____

What caused the event(s)? _____

How did you react and was it effective? _____

How could you have handled it more effectively? _____

CONGRATULATIONS!


You've completed your
Daily Health and Wellness Journal.

**Don't let your lifestyle changes stop here.
Continue your habits for a lifetime!**



www.tricare-west.com

TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

 Find us on facebook:
[healthnetfederalservices](https://www.facebook.com/healthnetfederalservices)

PH0412x002 (11/17)