Heart Failure Daily Weight Tracker

Day-to-day weight gain is usually fluid gain, not calories

Green Zone (All clear)
- No weight gain
- No swelling
- No shortness of breath
- No chest pain
- Normal activity level

Yellow Zone (Caution!)
Call your doctor if you have:
- Weight gain of more than 2 pounds in one day or 5 pounds in one week
- Increased cough
- Increased shortness of breath
- Waking up at night with shortness of breath
- Extra pillows needed
- Increased swelling of the hands or feet or stomach bloating
- Anything unusual that bothers you

Healthy Heart Management Zones
If you are in the Green Zone
- Your symptoms are under control
What you should do:
- Keep taking your medications as prescribed
- Continue with your daily weights
- Continue to follow a low salt diet and fluid restriction
- Keep your regular doctor appointments

If you are in the Yellow Zone
- Your medications may need to be adjusted
Action:
- Call your cardiologist or family doctor.

Red Zone (Alert!)
- Unrelieved shortness of breath
- Shortness of breath at rest
- Wheezing or chest tightness at rest
- Need to sit in a chair to sleep
- Feeling confused or disoriented

If you are in the Red Zone
Action:
- You need to see your doctor right away
- If you cannot reach your doctor, go to the nearest Emergency Department. Bring this form with you.
- Cardiologist: ___________________________
- Family Doctor: __________________________

Tips for Heart Healthy Living
- Understand your medications and take them as directed. Don’t stop taking them, even if you feel better.
- Follow a low salt diet and your fluid restriction
- Go to your follow-up appointments.
- Walk every day at a comfortable pace. Begin with short periods, such as 5 minutes, and gradually increase to 30 minutes.
- Call your doctor if you have any symptoms before it’s an emergency.

Weigh Yourself Every Morning
- Empty your bladder
- Wear the same amount of clothing
- Weigh yourself before breakfast
- Use the same scale
- Write your weight in the calendar

Please bring this calendar with you to your next appointment

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Max. fluid ____ litres/day (includes all fluids like soup, OJ, water, etc.)

Name: ___________________________
Your target weight: ______

Limit sodium to 2000mg max per day

* Write in your upcoming appointments on calendar
<table>
<thead>
<tr>
<th><strong>Patient Name:</strong></th>
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<tbody>
<tr>
<td>Please complete the following information:</td>
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<tr>
<td>Contact Person Name (relative, friend)</td>
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<td>Phone Number (Home)</td>
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<tr>
<td>Phone Number (Cell)</td>
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<tr>
<td>Family Doctor Name</td>
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<td>Pharmacy Name</td>
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<td>Other (Specify) Name</td>
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