

Heart Failure Weight Log

One month of daily weight and symptoms, with the green, yellow and red zones: when to call your care team, and when to call your local emergency number.

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Want the whole year?

The Heart Failure Daily Log has 12 months of daily logs, medicine charts, monthly summaries and doctor-visit pages: shop.elderlydaily.com/l/heart-failure-daily-log

How to Use This Log

1

Fill it in your way

Type into any box on a computer (Chrome, Edge or Adobe Acrobat Reader), or on a phone or tablet with the free Adobe Acrobat Reader app. Save after each entry. Or print it and use a pen.

2

Set up once, with your care team

Fill in My Care Team's Numbers on page 5: your dry or target weight, your weight-gain limits, salt and fluid limits, and normal pulse and blood pressure.

3

Every morning

Weigh yourself the same way each day (page 4) and write it down, with the change from yesterday. Add blood pressure and pulse if your care team asks. Mark any symptoms, then write your zone (G, Y or R; see page 3).

4

Bring it along

Bring this log to your appointments, and have it in front of you when you call your care team.

Never change or stop a medicine, including a water pill, because of your readings without talking to your doctor first, unless your care team has given you a written plan for this. In an emergency, call your local emergency number.

Green, Yellow, Red: What to Do

Check yourself every day. Your care team may give you a written action plan with different numbers: if they do, follow theirs and copy their numbers onto page 5.

GREEN: a good day

Keep going: weigh daily, take your medicines, eat low-sodium foods and follow any fluid limit you were given, and keep your appointments.

- Your weight is steady
- No new or worse shortness of breath
- No new swelling
- Your usual activity level
- No chest pain

YELLOW: call your care team today

Call your doctor or heart failure nurse. These can be signs that fluid is building up, or that your care team may need to change your medicines.

- Weight up more than 2 to 3 lb (1 to 1.5 kg) in a day, or 5 lb (2 kg) in a week, or you lose a lot of weight
- Shortness of breath with activity, when lying down, or an hour or two after falling asleep
- Swelling in your feet, ankles or legs; belly pain or tenderness
- More tired or weak than usual; wheezing; a cough that won't go away
- Pulse very slow, very fast or irregular; blood pressure higher or lower than normal for you
- Waking at night to urinate more often; symptoms you think may be from your medicines
- Dizziness that lasts more than a minute

RED: this is an emergency

Call your local emergency number or go to the emergency room.

- You struggle to breathe, or are short of breath while sitting still
- You have new or worsening chest pain
- You are confused or cannot think clearly
- You faint, or feel severely weak
- Sudden, severe shortness of breath and coughing up white or pink foamy mucus
- Fast or irregular heartbeat with shortness of breath, chest pain or fainting
- Repeated shocks from your defibrillator, if you have one

Sources: MedlinePlus, "Heart failure - home monitoring" (National Library of Medicine); American Heart Association, "Self-Check Plan for HF Management"; Cleveland Clinic, "Heart Failure Zones"; Mayo Clinic, "Heart failure: symptoms & causes."

How to Weigh and Check

These steps follow MedlinePlus (National Library of Medicine). The same routine every day makes small changes easy to spot.

1

Weigh every morning, on the same scale

When you get up, after you use the bathroom and before you eat.

2

Wear similar clothing each time

And write the weight down right away, exactly as the scale shows it (pounds or kilograms).

3

Work out the change

From yesterday, and check the total change over the last 7 days.

4

Check your pulse, if your care team asks

Find it on the wrist below the base of the thumb, count the beats for 30 seconds, and double it. Ask your provider what is normal for you.

5

Check your blood pressure, if your care team asks

With a good-quality, well-fitting monitor. Show it to your provider or nurse, and practice with them so you measure it correctly.

6

Look for swelling

In your feet, ankles and legs. Swelling, clothes or shoes feeling tighter than normal, and more shortness of breath can be signs that fluid is building up.

Salt and fluids

Your provider may ask you to limit salt (sodium) and the amount you drink, to reduce fluid buildup (NHLBI). Limits differ from person to person, so write yours from your care team on page 5.

My Care Team's Numbers

My name

Heart doctor and phone

Heart failure nurse or clinic, and phone

Pharmacy and phone

My dry weight or target weight

Call if my weight goes up by (in a day)

Call if my weight goes up by (in a week)

My daily salt (sodium) limit

My daily fluid limit

My normal pulse

My usual blood pressure

Who to call after hours

My emergency number

Emergency contact and phone

Other health conditions to mention

Copy every number exactly as your care team gives it. If you have not been given one, ask at your next visit. If you have no weight limits yet, MedlinePlus advises calling your provider if your weight goes up by more than 2 to 3 pounds (1 to 1.5 kg) in a day or 5 pounds (2 kg) in a week.

Daily Weight & Symptom Log

Month

Year

One month

	EVERY MORNING				MARK ANY SYMPTOM TODAY							
Day	Weight	Change (+ / -)	Blood pressure	Pulse	Short of breath	Swelling	More tired	Cough	Dizzy	Woke up breath- less	Zone G / Y / R	Notes
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>

Weigh the same way every morning (page 4). Zone: write G, Y or R (page 3). Weight up more than your limit, or any yellow-zone sign? Call your doctor or heart failure nurse today.

Struggling to breathe, chest pain, fainting, or confused? Call your local emergency number.

Daily Weight & Symptom Log

Month

Year

One month

	EVERY MORNING				MARK ANY SYMPTOM TODAY							
Day	Weight	Change (+ / -)	Blood pressure	Pulse	Short of breath	Swelling	More tired	Cough	Dizzy	Woke up breath- less	Zone G / Y / R	Notes
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>
31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	☐	☐	☐	☐	☐	☐	<input type="text"/>	<input type="text"/>

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