

DAILY MONITORING LOG FOR PATIENTS WITH HEART FAILURE

PRACTICE NAME _____ Date _____

Patient Name _____

1. Weigh yourself every morning and record the figure below. Call your nurse right away if you gain ___ or more pounds in one day or ___ or more pounds in a week.
2. Record any symptoms and rate the severity, whether occurring at rest or with exercise. See explanation below.
3. Each time you exercise, record the number of minutes below.
4. Optional instructions: _____

Date Started		Sun	Mon	Tue	Wed	Thu	Fri	Sat
Week 1	Weight							
	Exercise Minutes							
	Sx/Rate							
Week 2	Weight							
	Exercise Minutes							
	Sx/Rate							
Week 3	Weight							
	Exercise Minutes							
	Sx/Rate							
Week 4	Weight							
	Exercise Minutes							
	Sx/Rate							

Symptoms (Sx)

A	Shortness of breath on exertion
B	Shortness of breath that wakes you up
C	Shortness of breath that gets better when you sit up
D	Swelling in your legs or abdomen
E	Lack of energy (fatigue)
F	Cough

5. Do you have any of the symptoms listed above? Use the scale below to rate how severe your symptoms are. If your symptom is new or worse, call your nurse right away.

Severity Rating of Symptoms

- | | | | | | |
|---|---|------------------|---|---|--------------------|
| 0 | = | None | 3 | = | Moderate |
| 1 | = | Mild | 4 | = | Moderate to severe |
| 2 | = | Mild to moderate | 5 | = | Severe |