

Heart Failure Daily Weight and Check Up



Name: _____

Recommended Weight

Zone: _____

	Morning Weight	Shortness of Breath?	Swelling in Legs?
Sunday Date:		No	No
		Yes	Yes
Monday Date:		No	No
		Yes	Yes
Tuesday Date:		No	No
		Yes	Yes
Wednesday Date:		No	No
		Yes	Yes
Thursday Date:		No	No
		Yes	Yes
Friday Date:		No	No
		Yes	Yes
Saturday Date:		No	No
		Yes	Yes

Notes:

Recommended Weight

Zone: _____

	Morning Weight	Shortness of Breath?	Swelling in Legs?
Sunday Date:		No	No
		Yes	Yes
Monday Date:		No	No
		Yes	Yes
Tuesday Date:		No	No
		Yes	Yes
Wednesday Date:		No	No
		Yes	Yes
Thursday Date:		No	No
		Yes	Yes
Friday Date:		No	No
		Yes	Yes
Saturday Date:		No	No
		Yes	Yes

Notes: