

Heart Failure: Daily Checks to Stay Healthy



Everything
is **OK**



Call your **Doctor**



Call 911 to get
HELP right away!

WEIGHT



I should weigh _____ pounds



I am in this range



My weight is **+4** or **-4** pounds of goal



I write down my weight every day



MEDICINE



Take **ALL** of your pills every day as directed



I take all my pills



I have trouble getting or taking all my pills



DRINKING



I can have _____ oz of liquid a day



I stick to my liquid limit



I have too much liquid



I keep track of my liquids every day



SODIUM



I can have _____ mg of salt/sodium a day



I stick to my sodium limit



I have too much sodium



I keep track of my sodium every day



BEING ACTIVE



I need to be active for _____ minutes every week

I can do these activities: _____



I meet my activity goal every week



I have trouble being active



SWELLING

Feet
Ankles
Belly

Check your feet, ankles and belly for swelling



I am not swollen



I am swollen



BREATHING



I have no trouble breathing



I am short of breath



I have a dry cough



It is hard to breathe



CALL 911

ENERGY



How tired are you?



I am not very tired



I am more tired than usual



I am confused or can't think straight



CALL 911

OTHER THINGS TO CHECK



I am dizzy



I am going to the bathroom at night more than usual?



I feel like something just isn't right



I have chest pain that is new or worse than before



CALL 911