

Name \_\_\_\_\_

[Your Logo Here]

Month \_\_\_\_\_ Year \_\_\_\_\_

# Daily Weight Chart

## Instructions

1. Write your target weight in pounds (weight the first morning after you return home from the hospital or the target weight your healthcare provider calculated for you) here:

\_\_\_\_\_

2. Fill in your name, the month and the year at the top.

3. Record the date and your weight, heart rate, blood pressure, and note heart failure symptoms in each square.

4. List questions or things to tell your healthcare provider here, and take this sheet to your next appointment.

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| SUNDAY  |     | MONDAY  |     | TUESDAY |     | WEDNESDAY |     | THURSDAY |     | FRIDAY  |     | SATURDAY |     |
|---------|-----|---------|-----|---------|-----|-----------|-----|----------|-----|---------|-----|----------|-----|
| Weight: |     | Weight: |     | Weight: |     | Weight:   |     | Weight:  |     | Weight: |     | Weight:  |     |
| HR:     | BP: | HR:     | BP: | HR:     | BP: | HR:       | BP: | HR:      | BP: | HR:     | BP: | HR:      | BP: |
| Notes:  |     | Notes:  |     | Notes:  |     | Notes:    |     | Notes:   |     | Notes:  |     | Notes:   |     |
| Weight: |     | Weight: |     | Weight: |     | Weight:   |     | Weight:  |     | Weight: |     | Weight:  |     |
| HR:     | BP: | HR:     | BP: | HR:     | BP: | HR:       | BP: | HR:      | BP: | HR:     | BP: | HR:      | BP: |
| Notes:  |     | Notes:  |     | Notes:  |     | Notes:    |     | Notes:   |     | Notes:  |     | Notes:   |     |
| Weight: |     | Weight: |     | Weight: |     | Weight:   |     | Weight:  |     | Weight: |     | Weight:  |     |
| HR:     | BP: | HR:     | BP: | HR:     | BP: | HR:       | BP: | HR:      | BP: | HR:     | BP: | HR:      | BP: |
| Notes:  |     | Notes:  |     | Notes:  |     | Notes:    |     | Notes:   |     | Notes:  |     | Notes:   |     |
| Weight: |     | Weight: |     | Weight: |     | Weight:   |     | Weight:  |     | Weight: |     | Weight:  |     |
| HR:     | BP: | HR:     | BP: | HR:     | BP: | HR:       | BP: | HR:      | BP: | HR:     | BP: | HR:      | BP: |
| Notes:  |     | Notes:  |     | Notes:  |     | Notes:    |     | Notes:   |     | Notes:  |     | Notes:   |     |
| Weight: |     | Weight: |     | Weight: |     | Weight:   |     | Weight:  |     | Weight: |     | Weight:  |     |
| HR:     | BP: | HR:     | BP: | HR:     | BP: | HR:       | BP: | HR:      | BP: | HR:     | BP: | HR:      | BP: |
| Notes:  |     | Notes:  |     | Notes:  |     | Notes:    |     | Notes:   |     | Notes:  |     | Notes:   |     |

