

Daily Weight & Zone Calendar

- Record your weight on this calendar every morning after you urinate and before you have breakfast.
- Place a check in the box that represents the color of your zone that day.

MONTH: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY														
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Please bring this calendar with you whenever you have an office visit.

Congestive Heart Failure Zones

Help yourself feel better and stay out of the hospital by assessing what zone you are in: **Green**, **Yellow** or **Red**.

EVERY DAY:

- Weigh yourself the morning before breakfast and write it down
- Take your medicine
- Check for swelling in your feet, ankles, legs and stomach
- Eat low-salt food
- Balance activity and rest periods
- Determine which zone you are in: Green, Yellow or Red



GREEN ZONE:

You are in the green zone if you have:

- No shortness of breath
- No swelling
- No weight gain
- No chest pain
- No decrease in your ability to maintain your activity level

Action:

- Continue taking your medication as ordered
- Continue daily weights
- Follow low salt diet
- Keep all provider appointments

YELLOW ZONE:

You are in the yellow zone if you have:

- Weight gain of 3 or more pounds in 3 days
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity
- Increase in number of pillows needed
- Anything else unusual that bothers you

Action:

- Call your provider if you are going into the yellow zone; you may need an adjustment of your medications.
- Contact information for physician, nurse coordinator or home health nurse:

NAME: _____

NUMBER: _____

INSTRUCTIONS: _____

RED ZONE:

You are in the red zone if you have:

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or weight loss of more than 5 pounds in 2 days
- Confusion

Action:

- Call your provider IMMEDIATELY; you need to be evaluated by a provider right away.
- Contact information for provider:

NAME: _____

NUMBER: _____