

# Heart Failure Daily Weight Tracker



**SOUTHLAKE**  
REGIONAL HEALTH CENTRE

Patient Name: \_\_\_\_\_

Target (dry) weight: \_\_\_\_\_ Maximum fluid intake: \_\_\_\_\_ L/day - Limit 2g of sodium per day

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____
WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____
WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____
WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____
WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____	WT: _____

## Weigh Yourself Every Morning

- Empty your bladder
- Use the same scale
- Wear the same amount of clothing
- Write your weight on the calendar
- Weigh yourself before breakfast

## When to seek medical attention:

- Weight gain of more than 2lbs in one day or 5lbs in one week
- Increased cough
- Increased shortness of breath
- Waking up at night with shortness of breath
- Extra pillow needed
- Increased swelling of the hands or feet or stomach bloating