

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



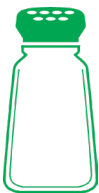
I have too much liquid



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





I need to be active _____ minutes every week

I can do these activities: _____

- I meet my activity goal every week
- I have trouble being active



Check your feet, ankles and belly for swelling

- I am not swollen
- I am swollen



Do You have trouble breathing?

- I have no trouble breathing
- I am short of breath
- I have a dry cough
- It is hard to breathe **CALL 911**



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**



Do You have trouble breathing?

- 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**