



Heart Failure Weight and Symptoms Calendar

Diary Use: Record weight daily. Contact your provider if you gain more than two pounds in one day or more than five pounds in one week, or if you reach a weight your provider has asked you to report. Document new or worsening symptoms, and share them with your provider at your next visit.

Month: _____

Name: _____

Provider: _____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|--|--|--|--|--|--|
| _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ |
| _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ |
| _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ |
| _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ |
| _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ | _____ Weight: _____ lbs. Symptoms: _____ |
| Comments: _____ | | | | | | |