

HEART FUNCTION & SYMPTOM TRACKER



Excellent – Keep Up the Good Work!



☐ No new or worsening shortness of breath



☐ Physical activity level is normal for you



☐ No new swelling, feet, ankles and legs look normal for you



☐ Weight check stable
Weight: _____



☐ No chest pain

**GREAT!
CONTINUE:**



Daily
Weight
Check



Meds as
Directed



Low-
Sodium
Eating



Follow-up
Visits



Pay Attention – Use Caution!



☐ Dry, hacking cough



☐ Worsening shortness of breath with activity



☐ Increased swelling of legs, ankles and feet



☐ Sudden weight gain of more than 2-3 lbs in a 24-hour period (or 5 lbs in a week)



☐ Discomfort or swelling in the abdomen



☐ Trouble sleeping

CHECK IN!

Your symptoms may indicate:



A need to contact your doctor or health care team



A need for a change in medications

For medical advice in Ontario, call 811 24 hours a day.



Medical Alert – Warning!



☐ Frequent dry, hacking cough



☐ Shortness of breath at rest



☐ Increased discomfort or swelling in the lower body



☐ Sudden weight gain of more than 2-3 lbs in a 24-hour period (or 5 lbs in a week)



☐ New or worsening dizziness, confusion, sadness or depression



☐ Loss of appetite



☐ Increased trouble sleeping; cannot lie flat

WARNING!

































































































































































































































































































You need to be evaluated right away.



Call your physician or call **911**

Blood Pressure & Weight Monitoring

- Each morning, measure your blood pressure three times a week before taking any medications or eating breakfast. Sit quietly for 5 minutes before taking each measurement using the same arm and record three readings spaced 1-2 minutes apart. Note the average or the lowest of these readings.
- Weigh yourself daily, immediately after using the restroom and before consuming anything. Always use the same scale, ensuring it is on a hard, flat surface.
- Keep a log of your blood pressure averages and daily weights for review at your next appointment.

| Date | Weight (kg or lb)* <small>*please indicate</small> | Blood pressure (mm Hg) | | Heart rate (bpm) | During the day have you experienced... | | How much has your heart failure affected you during the day? <small>For each topic below, place a cross on the symbol that most closely represents how you felt</small> | | | |
|------|--|---------------------------|-----------|------------------------|---|----------------------------------|---|---|---|---|
| | | systolic | diastolic | | Tiredness (YES or NO) | Breathlessness (YES or NO) | ... hobbies & recreational activities | ... your efficacy at work | ... doing household chores | ...visiting family or friends |
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