

GOAL WEIGHT: _____

PATIENT INFORMATION: _____

EVERYDAY

Weigh yourself daily and keep a weight diary

Take medications as prescribed

Healthy diet: low fat & low salt

Check for swelling in your feet and ankles



GREEN ZONE

Weight is stable **1-2 lbs.** from your baseline weight

Able to tolerate usual activities of daily living

Minimal swelling in feet and ankles

Sleeping well at night



YELLOW ZONE

Notify your primary care doctor or cardiologist if:

Increase of weight of **3 lbs. in a day** or **5 lbs. in a week**

New or increased swelling in feet and ankles

Decreased activity tolerance i.e. feeling tired

Development of dry cough

Sleeping on propped pillows



RED ZONE

Seek immediate medical attention if:

New or worsening shortness of breath

Inability to breathe lying flat

Feel dizzy

Feel short of breath without activity