Heart failure zone stoplight tool

Which heart failure zone are you in today: green, yellow or red?

Tracking your weight and understanding the warning signs of congestive heart failure (CHF) are critical to managing your health. Record your weight, whether you've taken your medicine, check for swelling, and determine your zone daily on this sheet. Please have it with you for each visit with your care team. The back side explains the symptoms and warning signs for each zone.

Every day you should:

- **Weigh yourself first thing in the morning and write it down.**
- **Take your medicine as instructed.**
- **Check for swelling in your feet, ankles, legs, and abdomen.**
- **Eat low-salt food — follow a 2 gram sodium diet.**
- **Balance activity and rest periods.**

Name: _____ **My goal weight is:** _____ **Month:** _____

(To be completed by care team)

Date	Weight	Medicine	Swelling		Zone
Day 1		Pick one	Pick one	If yes, where: _____	Pick one
Day 2		Pick one	Pick one	If yes, where: _____	Pick one
Day 3		Pick one	Pick one	If yes, where: _____	Pick one
Day 4		Pick one	Pick one	If yes, where: _____	Pick one
Day 5		Pick one	Pick one	If yes, where: _____	Pick one
Day 6		Pick one	Pick one	If yes, where: _____	Pick one
Day7		Pick one	Pick one	If yes, where: _____	Pick one
Day 8		Pick one	Pick one	If yes, where: _____	Pick one
Day 9		Pick one	Pick one	If yes, where: _____	Pick one
Day 10		Pick one	Pick one	If yes, where: _____	Pick one
Day 11		Pick one	Pick one	If yes, where: _____	Pick one
Day 12		Pick one	Pick one	If yes, where: _____	Pick one
Day 13		Pick one	Pick one	If yes, where: _____	Pick one
Day 14		Pick one	Pick one	If yes, where: _____	Pick one
Day 15		Pick one	Pick one	If yes, where: _____	Pick one

Date	Weight	Medicine	Swelling		Zone
Day 16		Pick one	Pick one	If yes, where: _____	Pick one
Day 17		Pick one	Pick one	If yes, where: _____	Pick one
Day 18		Pick one	Pick one	If yes, where: _____	Pick one
Day 19		Pick one	Pick one	If yes, where: _____	Pick one
Day 20		Pick one	Pick one	If yes, where: _____	Pick one
Day 21		Pick one	Pick one	If yes, where: _____	Pick one
Day 22		Pick one	Pick one	If yes, where: _____	Pick one
Day 23		Pick one	Pick one	If yes, where: _____	Pick one
Day 24		Pick one	Pick one	If yes, where: _____	Pick one
Day 25		Pick one	Pick one	If yes, where: _____	Pick one
Day 26		Pick one	Pick one	If yes, where: _____	Pick one
Day 27		Pick one	Pick one	If yes, where: _____	Pick one
Day 27		Pick one	Pick one	If yes, where: _____	Pick one
Day 29		Pick one	Pick one	If yes, where: _____	Pick one
Day 30		Pick one	Pick one	If yes, where: _____	Pick one
Day 31		Pick one	Pick one	If yes, where: _____	Pick one

Ascension

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All clear (this zone is your goal)

Your symptoms are under control. You have:

- No shortness of breath.
- No weight gain more than 2 pounds.
- No swelling of your feet, ankles, legs or abdomen.
- No chest pain.

Caution (this zone is a warning, take action)

Call your doctor if you have:

- A weight gain of more than 2-3 pounds in one day or a weight gain of 5 pounds or more in one week.
- More shortness of breath with your usual activities.
- More swelling of your feet, ankles, legs or abdomen.
- No energy or feel more tired.
- A sudden decrease in urination.
- Dizziness.
- Uneasiness; you know something is not right.
- Increased shortness of breath when lying down or you need to sleep sitting up in a chair.

Other symptoms to watch:
(Complete with Care Manager)

_____
_____
_____
_____
_____
_____
_____

Emergency

Go to the emergency room or call 911 if you are:

- Struggling to breathe, or have unrelieved shortness of breath while sitting still.
- Having chest pains.
- Having confusion or can't think clearly.

Other symptoms to watch:
(Complete with Care Manager)

_____
_____
_____
_____

Are there any questions or concerns you want to share with your care team? _____

_____

_____