

# Daily Weight Heart Failure Zone Tracker

Month: \_\_\_\_\_

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



GREAT!



Caution!  
Call



Emergency!  
Go

Weigh yourself every morning before eating and after urinating and write the number on the calendar date  
Call your health care provider if you gain 2 pounds in 1 day or 5 pounds in 1 week  
Decide if you are in the \_\_\_\_\_ and circle the face that matches on the calendar date

