

HEART FAILURE ACTIVITY LOG

Month/Year: _____

Patient Name: _____

Daily Weight Goal: _____

DATE	WEIGHT (LBS)	ACTIVITY / EXERCISE TYPE	DURATION	SYMPTOMS / NOTES
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Green Zone: All Clear No shortness of breath. No swelling. Normal activity levels.

Yellow Zone: Caution Dry cough. Increased swelling. Weight gain of 2-3 lbs in a day.

Red Zone: Emergency Shortness of breath at rest. Chest pain. Confusion. Call 911.

This chart is for personal tracking only. Consult your physician before beginning any new exercise regimen.