



HEART FUNCTION CLINIC (250-519-1601)

HEART FUNCTION LOG SHEET

Name _____ Fluid Restriction _____ cups/ounces/mls 1 cup = 8 oz = 250 ml

Goal/Dry Weight _____

| Date | Daily Weight (before breakfast) | Daily Fluid Intake Total | Activity/Exercise (in time or distance) | Symptoms/ Medication Changes |
|-----------|------------------------------------|--------------------------|--|---------------------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

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|-----------|------------------------------------|--------------------------|--|---------------------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

Note the following signs & symptoms that may mean worsening heart failure or fluid retention: **SHORTNESS OF BREATH, WEIGHT GAIN OR LOSS, FATIGUE, SHORTNESS OF BREATH WHILE LYING DOWN AT NIGHT, ANKLE SWELUNG, or ABDOMINAL SWELLNG OR BLOATING.**

If you gain 2 lb/ day x 2 days or 5 lb in a week, please call your physician or the Heart Function Clinic.../Page 1 of 2



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