

DAILY WEIGHT RECORD FOR HEART PATIENTS

Take this record to your doctor appointments

FOR _____

CURRENT WEIGHT _____

GOAL WEIGHT _____

- Weigh yourself in the morning after using the restroom on the same scale on a hard surface
- Write down your weight on this record.
- Increase in weight may be a sign you are retaining water. Your doctor may need to change your treatment plan.
- If you gain 2 lbs in 1 day, or if you gain more than 3 lbs in a week, **call your doctor.**

MONTH _____

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