


# DETAILED HOME WEIGHT, VITALS AND SYMPTOM LOG

1. *On the SAME home weight scale, weigh yourself each morning undressed, after using the bathroom and before eating.*
2. Please rate **Shortness of Breath, Tiredness/Fatigue and Swelling** symptoms on a Scale of 1 to 5.  
 Scale: MINIMAL or NONE = 1..... 5 = SEVERE Contact your doctor for a rate of 3 or greater in any category.
3. Please **complete this log and bring it with you to your follow-up appointment.**

Month	Weight (lbs) 	BP	HR	Shortness of Breath	Tiredness Fatigue	Swelling	FUROSEMIDE _____mg (Lasix ®)	METOLAZONE _____mg (Zaroxolyn ®)
Day	First Home Weight: _____ lbs	Systolic / Diastolic	Beats per minute	Rate 1 to 5	Rate 1 to 5	Rate 1 to 5	Record the number of tablets taken each day	Record the number of tablets taken each day
1		/						
2		/						
3		/						
4		/						
5		/						
6		/						
7		/						
8		/						
9		/						
10		/						
11		/						
12		/						
13		/						
14		/						
15		/						
16		/						