



Heart Failure

Self-care Diary

Name: _____

Healthcare provider: _____

After hours call: _____

Pharmacy: _____

Other contacts: _____

Emergency: **911**

Bring this Heart Failure self-care diary to all of your clinic or office visits.

More information

- **Heart Failure fact sheet** and **Living with Heart Failure booklet**: Information on symptoms, diagnosis, treatment options, and lifestyle management
- **Heart Failure: Tracking your fluids** fact sheet: A tool to track your fluid intake
- **Sodium-Restricted Daily Eating Plan** fact sheet: A tool to track your sodium intake

Visit intermountainhealthcare.org/heartfailure



M

Take your
MEDICATIONS

A

Stay **ACTIVE**
each day

W

WEIGH
yourself each day

D

Follow your
DIET

S

Recognize your
SYMPTOMS

Common Heart Failure Medications.....	4
Medications: Helping a Weak Heart.....	5
MAWDS Self-care Tips.....	6 – 9
Other Healthy Tips	10–11
Heart Failure Action Plan	12 – 13
Resources.....	14
Tracking instructions.....	5
Tracking Calendars with Notes	16 – 27

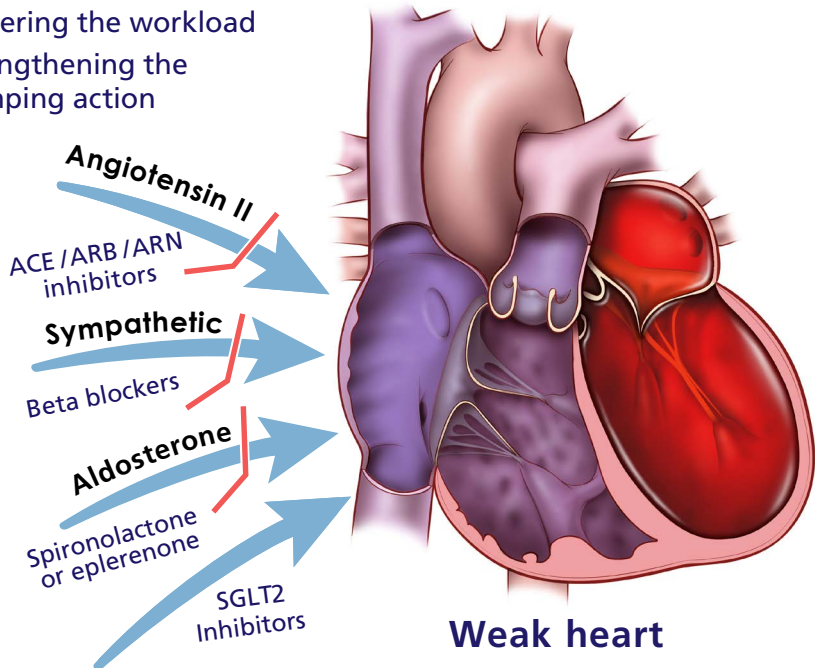
Common Heart Failure Medications

TYPE	EXAMPLES
Diuretics ("water pills")	bumetanide (Bumex), furosemide (Lasix), metolazone (Zaroxolyn), torsemide (Demadex)
Mineral supplements	magnesium oxide, potassium (K-Dur, K-tab, K-Lyte, Micro K, Slow K, Klor-con)
Angiotensin-converting-enzyme (ACE) inhibitors, Angiotensin II receptor antagonists (ARBs), or ARNI (ARB + Neprilysin Inhibitor)	ACE inhibitors: captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), lisinopril (Prinivil, Zestril), quinapril (Accupril), ramipril (Altace) ARBs: candesartan (Atacand), losartan (Cozaar), valsartan (Diovan) ARNI: Sacubitril-valsartan (Entresto)
Beta blockers	bisoprolol (Zebeta), carvedilol (Coreg, Coreg CR), metoprolol succinate (Toprol XL)
Aldosterone receptor antagonists	spironolactone (Aldactone), eplerenone (Inspra)
SLGT2 Inhibitors	canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance)
Anticoagulants ("blood thinners")	heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa)
Alternative vasodilators	hydralazine (Apresoline), isosorbide mononitrate (Imdur, ISMO, Monoket), isosorbide dinitrate (Isordil Titradoso, Dilatrate-SR), hydralazine /isosorbide dinitrate (BiDil)
Digitalis	digoxin (Lanoxin)
Inotropes	dobutamine (Dobutrex), milrinone (Primacor)

Medications: Helping a Weak Heart

Heart failure medications can help the heart by:

- Blocking hormones
- Lowering the workload
- Strengthening the pumping action

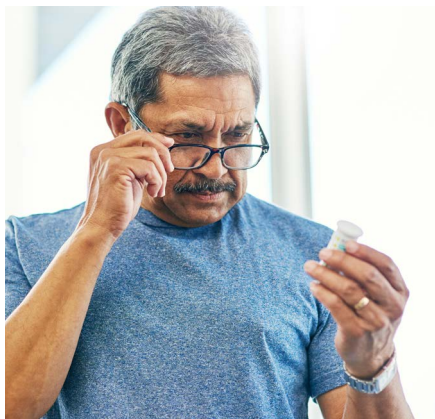


Take your medications every day and never skip doses. Contact your health provider if you experience symptoms such as low blood pressure or increased fatigue.

Mawds Self-care Tips

MEDICATIONS

Heart failure medications are an important part of your treatment plan. Take your medications every day. Never skip doses. Be sure to tell your provider if you don't feel well, have low blood pressure, or increased fatigue.



ACTIVITY

A little activity every day can help you feel better. Go for a walk, visit with a friend, or do some work in your garden. But know your limits and don't overdo it. Stop and rest if you feel tired or short of breath. You'll probably have good days and bad days.



MAWDS Self-care Tips

WEIGHT

Your healthcare provider will recommend a **target weight** for you.

My target weight is _____ pounds. (This weight is when you are NOT retaining fluid.)

It's important that you weigh yourself every day so you'll know if you're maintaining your target weight. It is best to weigh yourself at the same time every morning.

Call your doctor if:

- You gain more than 2 or 3 pounds in one day
- You gain 5 pounds over your target weight

A **rapid weight gain** may be a sign that your body is retaining fluid. In this case, you may need a change to your treatment plan.

You may also need a change in your treatment plan if you **LOSE** weight rapidly. Rapid weight loss may indicate dehydration. Call your doctor if you drop 5 pounds below your target weight in a day.



MAWDS Self-care Tips

DIET

When you have heart failure, it's important to reduce the amount of salt — or sodium — in your diet. Too much sodium can cause your body to retain fluid, which can make symptoms worse.

- Eat less than 2,000 mg of sodium per day. (2,000 mg = 2 g sodium)
- Keep your fluid intake less than 2 liters per day. Intermountain's **Heart Failure: Tracking your fluids** fact sheet can help you do this.



These diet changes don't mean you have to give up flavor in your food. Ask your healthcare provider about simple steps to limit sodium. If you have other health conditions besides heart failure, you may need to make other diet changes as well. Ask your doctor.



Fact Sheet for Patients and Families

Heart Failure: Tracking your fluids

When you have heart failure, you need to limit the sodium (salt) and fluids that you drink and eat each day. This is especially true for people who retain fluid and need to take water pills. This sheet will show you simple ways to track your fluids each day.

Why do I need to track my fluids?

Limiting fluids can ease swelling (edema) and lighten the workload on your heart. Generally, limit the amount of fluid that you drink or eat to around 2 liters (2,000 milliliters) per day. Check with your healthcare provider to be sure.

Use these tips to help limit your fluids:

- Be a careful drinker of water. Limit the amount of fluid you drink to 2 liters (2,000 mL) per day (or as part of a meal).
- Limit fluids by using the conversion table on this sheet, adding liquid to your diet in small amounts, choosing to eat from plates or eating small amounts of food.
- Use the table on the right to learn how to convert between units.

Know how much you drink

Take a look at the cup you drink from most often. How much does it hold? Fill it up to the level that you usually use. Pour that amount into a measuring cup. Then use the conversion table to figure out how much you are drinking each day. If you have a hard time, ask your healthcare provider for help.

How many liters can you fill your cup? How much is that in milliliters? How much is that in ounces? How much is that in cups? How much is that in pints? How much is that in quarts? How much is that in gallons?

Use the table on the right to learn how to convert between units.

Conversion Table	Fluid
1 liter	1,000 mL
1 quart	946 mL
1 pint	473 mL
1 cup	237 mL
1 ounce	29.6 mL
1 tablespoon	14.8 mL
1 teaspoon	4.9 mL
1 milliliter	0.0338 fluid ounce
1 fluid ounce	29.6 milliliters
1 cup	237 milliliters
1 quart	946 milliliters
1 liter	1,000 milliliters

Use the table on the right to learn how to convert between units.

Take a look at the cup you drink from most often. How much does it hold? Fill it up to the level that you usually use. Pour that amount into a measuring cup. Then use the conversion table to figure out how much you are drinking each day. If you have a hard time, ask your healthcare provider for help.

How many liters can you fill your cup? How much is that in milliliters? How much is that in ounces? How much is that in cups? How much is that in pints? How much is that in quarts? How much is that in gallons?

Use the table on the right to learn how to convert between units.

1

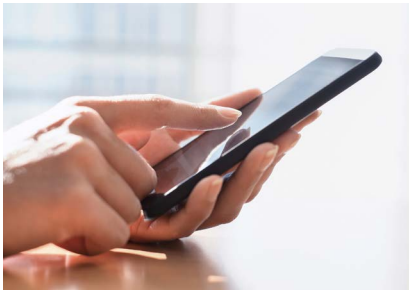
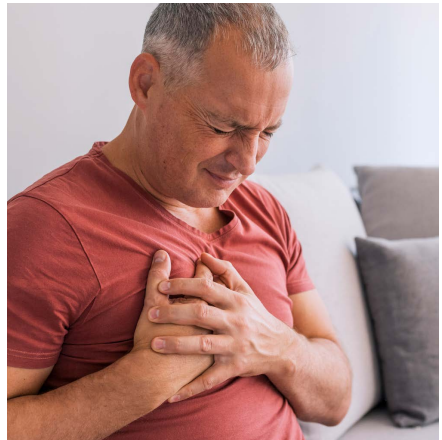
MAWDS Self-care Tips

SYMPTOMS

Be aware of the common symptoms of heart failure:

- Excessive weakness and fatigue
- Shortness of breath, especially when lying down
- Increased fatigue or shortness of breath while doing activities
- A dry, hacking cough
- Bloating in the stomach
- Swelling in the feet and ankles
- Weight gain

Call your doctor if you notice that your symptoms are getting worse.



Other Healthy Tips

You can use these healthy tips and access the following resources to help protect yourself from getting sick, avoid non-steroidal pain relievers, illegal drugs, and tobacco — and limit alcohol:

- **Protect yourself from COVID, flu and pneumonia.** Get a pneumonia vaccine, flu shot every year, and a COVID vaccine as recommended by your provider.
- **Avoid non-steroidal anti-inflammatory (NSAID) pain relievers** — examples include ibuprofen, Motrin, and Aleve. These pain relievers can make your kidneys work harder and add to fluid retention. Don't take them without talking to your healthcare provider.



Other Healthy Tips

- **If you use tobacco, QUIT!** Using tobacco can speed the progression of heart disease and put extra strain on your heart. Ask your healthcare provider for resources to help you quit — such as the Intermountain booklet **Quitting Tobacco: Your Journey to Freedom.**
- **Avoid street drugs and limit alcohol.** These substances can harm an already struggling heart. If you do drink alcohol, limit it to one beer, cocktail, or glass of wine each day.



Heart Failure Action Plan

To help you manage your heart failure symptoms — and prevent a bad situation from becoming worse — use the Heart Failure Action Plan on the following page. Your Action Plan divides your symptoms into three zones depending on their severity:

GREEN

When you're in the green zone, your heart failure symptoms are stable and don't interfere with everyday activities. Following MAWDS every day will help keep you in the green zone.



YELLOW

When you're in the yellow zone, your heart failure symptoms are getting worse. Call your healthcare provider to find out which steps to take to prevent symptoms from becoming severe. Continue to follow MAWDS.



RED

Once in the red zone, your heart failure symptoms are severe. You are in trouble. Call your healthcare provider, or seek emergency care immediately.



Just as the colors on a stoplight tell a driver what to do, the zones on your Action Plan will tell you how to manage your heart failure.

Heart Failure Action Plan

<ul style="list-style-type: none">• Feeling well• Breathing is easy• Weight is stable• Symptoms are stable	 <p>Maintain therapy</p>	<p>Keep up the good work!</p> <p>Follow MAWDS every day!</p>
<ul style="list-style-type: none">• Not feeling well• If you gain more than 2 or 3 pounds in one day or are 5 pounds above your target weight• Noticeable swelling or bloating• Some difficulty breathing with activity and at night• Symptoms are worsening	 <p>Step up therapy</p>	<p>Call your healthcare provider to find out how to prevent symptoms from becoming severe.</p> <p>Provider's instructions:</p> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none">• Breathlessness or chest heaviness at rest• Weight is up more than 3 pounds in one day• Fainting• Symptoms are severe	 <p>Get Help Now!</p>	<p>Call your healthcare provider or go directly to the emergency room. DO NOT try to treat this yourself.</p> <p>Provider's number: _____</p> <p>Emergency number: 911</p>

Resources

Internet Sites

Intermountain Health

intermountainhealth.org/heartfailure

intermountainhealth.org/hearttransplant

American Heart Association

hearthub.org

National Heart, Lung, and Blood Institute

nhlbi.nih.gov

American College of Cardiology

cardiosmart.org

American Association of Heart Failure Nurses (AAHFN)

aahfn.org

Heart Failure Society of America

abouthf.org

Books

100 Questions and Answers about Congestive Heart Failure

Campion Quinn, MD

Jones and Barlett Publishers, Inc; 2006

American Heart Association Low-Salt Cookbook, 3rd Edition: A Complete Guide to Reducing Sodium and Fat in Your Diet

American Heart Association
Clarkson Potter Publisher; 2007

Success with Heart Failure: Help and Hope for Those with Congestive Heart Failure

Marc A. Silver, MD

Da Capo Press; 2006

Tracking Instructions

1 At the beginning of a new month, write in your target weight and the month at the top of the page.

2 Write in the day of the month in the square in each box.

3 Put a check in the zone you are in for the day.

Monday	
23	Weight: 146
✓	HR: 79
○	BP: 120/80
○	

4 Each day record your weight.

5 Record your heart rate.





























































6 Record your blood pressure.

























For help with taking blood pressure and heart rate, see Intermountain Healthcare's *BP Tracker* booklet.

Call your healthcare provider if you gain more than 2 or 3 pounds in one day or are 5 pounds over your target weight.

Remember to follow **MAWDS** every day!

My target weight: _____ Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday
Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____
Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____
Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____
Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____ 	Weight: _____  HR: _____  BP: _____  _____/_____

Friday	Saturday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

☐ **Taking my Medicines** (Example: order refills early)





























































☐ **Staying Active** (Example: walk 10 to 20 minutes each day)

























☐ **Weighing myself** (Example: record weight in diary and notice trends)

☐ **Following my Diet** (Example: learn how much salt is in my foods)

☐ **Recognizing Symptoms** (Example: notice breathing patterns with activity)

My target weight: _____ Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>

Friday	Saturday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

☐ **Taking my Medicines** (Example: order refills early)





























































☐ **Staying Active** (Example: walk 10 to 20 minutes each day)

























☐ **Weighing myself** (Example: record weight in diary and notice trends)

☐ **Following my Diet** (Example: learn how much salt is in my foods)

☐ **Recognizing Symptoms** (Example: notice breathing patterns with activity)

My target weight: _____ Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____/_____ </div>

Friday	Saturday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

☐ **Taking my Medicines** (Example: order refills early)





























































☐ **Staying Active** (Example: walk 10 to 20 minutes each day)

























☐ **Weighing myself** (Example: record weight in diary and notice trends)

☐ **Following my Diet** (Example: learn how much salt is in my foods)

☐ **Recognizing Symptoms** (Example: notice breathing patterns with activity)

My target weight: _____ Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>

Friday	Saturday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

☐ **Taking my Medicines** (Example: order refills early)





























































☐ **Staying Active** (Example: walk 10 to 20 minutes each day)

























☐ **Weighing myself** (Example: record weight in diary and notice trends)

☐ **Following my Diet** (Example: learn how much salt is in my foods)

☐ **Recognizing Symptoms** (Example: notice breathing patterns with activity)

My target weight: _____ Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Friday	Saturday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

☐ **Taking my Medicines** (Example: order refills early)





























































☐ **Staying Active** (Example: walk 10 to 20 minutes each day)

























☐ **Weighing myself** (Example: record weight in diary and notice trends)

☐ **Following my Diet** (Example: learn how much salt is in my foods)

☐ **Recognizing Symptoms** (Example: notice breathing patterns with activity)

My target weight: _____ Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/____ </div>

Friday	Saturday
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>
<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>	<div>Weight: _____</div> <div>  HR: _____  BP: _____  _____/_____ </div>

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

☐ **Taking my Medicines** (Example: order refills early)

☐ **Staying Active** (Example: walk 10 to 20 minutes each day)

☐ **Weighing myself** (Example: record weight in diary and notice trends)

☐ **Following my Diet** (Example: learn how much salt is in my foods)

☐ **Recognizing Symptoms** (Example: notice breathing patterns with activity)

M

Take your
MEDICATIONS

A

Stay **ACTIVE**
each day

W

WEIGH
yourself each day

D

Follow your
DIET

S

Recognize your
SYMPTOMS

To find these and other resources, go to:
intermountainhealthcare.org/heartfailure

©2001–2024 INTERMOUNTAIN HEALTH | All rights reserved. MAWDS® is a registered service mark of Intermountain Health (Intermountain) and may not be used without written consent from Intermountain. The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your healthcare provider if you have any questions or concerns. More health information is available at intermountainhealth.org/heartfailure. HF001 - 12/24