Heart Failure Zone Chart

Write your weight and zone on the back of this page every day.

My target weight is ________ pounds.

Every day, I will use this chart to check my weight, swelling, breathing, and energy level. I will take action if ONE or MORE of these is in the yellow or red zone.

<table>
<thead>
<tr>
<th>Green Zone</th>
<th>Yellow Zone</th>
<th>Red Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are doing OK</td>
<td><strong>Take action—call today.</strong></td>
<td><strong>Take action—call NOW!</strong></td>
</tr>
<tr>
<td>and in control.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WEIGHT**

- No change in my weight.
- My weight is ________ pounds or more.
- My weight is ________ pounds or less.

**SWELLING**

- I do not have swelling.
- I have swelling in my:
  - foot, ankle or shin
  - knee or thigh

**BREATHING**

- I do not feel short of breath.
- Breathing is normal.
- Sleep is normal.
- I feel short of breath or cough while:
  - walking or talking
  - eating
  - bathing or dressing
- I need to use more pillows when I sleep.
- I feel short of breath or wheeze at rest.
- I feel less alert.
- I need to sleep sitting up to breathe.

**ENERGY LEVEL**

- My energy level is normal.
- I am too tired to do most of my normal activities.
- I am so tired that I can hardly do any of my normal activities.

Tear this page out and keep it next to your scale.