

Name: \_\_\_\_\_



# Weight & Symptom Log

month: \_\_\_\_\_

(for people with Heart Failure or Pulmonary Hypertension)

Abbreviation key: BP - Blood Pressure, SOB Y/N - Shortness Of Breath Yes/No

Date	Weight	Urine Output	Appetite	SOB Y/N	BP	Pulse	Blood Sugar	Other
1					___/___			
2					___/___			
3					___/___			
4					___/___			
5					___/___			
6					___/___			
7					___/___			
8					___/___			
9					___/___			
10					___/___			
11					___/___			
12					___/___			
13					___/___			
14					___/___			
15					___/___			
16					___/___			
17					___/___			
18					___/___			
19					___/___			
20					___/___			
21					___/___			
22					___/___			
23					___/___			
24					___/___			
25					___/___			
26					___/___			
27					___/___			
28					___/___			
29					___/___			
30					___/___			
31					___/___			

Date	Weight	Urine Output	Appetite	SOB Y/N	BP	Pulse	Glucose	Other
1					___/___			
2					___/___			
3					___/___			
4					___/___			
5					___/___			
6					___/___			
7					___/___			
8					___/___			
9					___/___			
10					___/___			
11					___/___			
12					___/___			
13					___/___			
14					___/___			
15					___/___			
16					___/___			
17					___/___			
18					___/___			
19					___/___			
20					___/___			
21					___/___			
22					___/___			
23					___/___			
24					___/___			
25					___/___			
26					___/___			
27					___/___			
28					___/___			
29					___/___			
30					___/___			
31					___/___			

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CVC Control # 56  
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