Heart failure stoplight tool

Which zone are you in today: green, yellow or red?

Doctor/Provider: _____

Phone: _____

Green Zone

I'm feeling good.

- I do not have any shortness of breath.
- I am weighing myself daily.
- I have not gained more than 2 pounds in a week.
- I do not have any swelling in my feet, ankles, legs, or abdomen.
- I do not have chest pain.

How I'll prevent symptoms today

I will:

- Weigh myself first thing in the morning and write it down.
- Take my medicine as instructed.
- Check for swelling in my feet, ankles, legs, and abdomen.
- Eat low-salt food — follow a 2-gram per day sodium diet.
- Make sure to get enough activity and rest.

Yellow Zone

I'm not feeling good.

- I have had a weight gain of more that 2-3 pounds in one day or 5 pounds or more in one week.
- I have shortness of breath with my normal activities.
- I have swelling in my feet, ankles, legs, or abdomen.
- I feel more tired or have less energy than normal.
- I am having difficulty peeing.
- I am dizzy.
- I feel uneasy or a feeling something is not right.
- I have shortness of breath when lying down or need to sleep sitting up in a chair.

Caution!

Take action TODAY. I will:

- Report these symptoms to my doctor/provider without delay **AND**
- Continue to take my daily heart medications as prescribed **AND**
- Call my doctor/provider if my symptoms do not improve.
- _____
- _____
- _____

Red Zone

I feel awful!

- I am struggling to breathe.
- I have shortness of breath while sitting still.
- I am having chest pain.
- I feel confused or can't think clearly.

Get help!

Take action NOW:

- **CALL 911 or seek medical care RIGHT AWAY.**
- While getting help, do this:
- _____
- _____
- _____

Ascension

Heart failure stoplight tool

Which zone are you in today: green, yellow or red?

Doctor/Provider:_____

Phone:_____

Name:_____

My goal weight is:_____ **Month:**_____

(To be completed by care team)

Tracking your weight and understanding the warning signs of congestive heart failure (CHF) are important to managing your health. Fill out this form daily to record your weight, answer whether you've taken your medicine, check for swelling, and determine your zone. Please have it with you for each visit with your care team. The back side explains the symptoms and warning signs for each zone.

Date	Weight	Medicine	Swelling	Zone
Day 1		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 2		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 3		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 4		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 5		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 6		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 7		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 8		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 9		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 10		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 11		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 12		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 13		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 14		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 15		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	

Date	Weight	Medicine	Swelling	Zone
Day 16		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 17		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 18		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 19		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 20		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 21		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 22		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 23		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 24		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 25		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 26		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 27		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 28		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 29		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 30		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	
Day 31		❑ Yes ❑ No	❑ Yes ❑ No If yes, where: _____	