

Prospect Medical Systems

My Weight Log

Name: _____ Month: _____ My Weight: _____

I know it is important to weigh myself each morning. I will weigh myself each morning after using the bathroom and before eating. Looking at my HF Zone Chart I will circle the color of My Stoplight. I will take this log to my doctor appointments.

- If my weight is my goal, I will keep up my routine and weigh myself tomorrow morning.
- If my weight is up 1 to 2 pounds, I will be more careful about the salt in my foods. If my weight is up 2 pounds or more in 1 day (24 hours), I will call my Case Manager _____ or my doctor _____.
- If my weight is up 5 pounds during a week or over 7 days, I will call my Case Manager or my doctor. I may need to increase a medicine or see my doctor.

| Date | Time | Weight | My Stoplight | Anything different about my diet or meds the day before? |
|------|------|--------|--------------|--|
| 1 | | | ● ● ● | |
| 2 | | | ● ● ● | |
| 3 | | | ● ● ● | |
| 4 | | | ● ● ● | |
| 5 | | | ● ● ● | |
| 6 | | | ● ● ● | |
| 7 | | | ● ● ● | |
| 8 | | | ● ● ● | |
| 9 | | | ● ● ● | |
| 10 | | | ● ● ● | |
| 11 | | | ● ● ● | |
| 12 | | | ● ● ● | |
| 13 | | | ● ● ● | |
| 14 | | | ● ● ● | |
| 15 | | | ● ● ● | |
| 16 | | | ● ● ● | |

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- If my weight is my goal, I will keep up my routine and weigh myself tomorrow morning.
- If my weight is up 1-2 pounds, I will be more careful about the salt in my foods. If my weight is up 2 pounds or more in 24 hours, I will call my Care Manager _____ or my doctor _____.
- If my weight is up 5 pounds during a week or over 7 days, I will call my Care Manager or my doctor. I may need to increase a medication or see my doctor.

| Date | Time | Weight | My Stoplight | Anything different about my diet or meds the day before? |
|------|------|--------|--------------|--|
| 17 | | | ● ● ● | |
| 18 | | | ● ● ● | |
| 19 | | | ● ● ● | |
| 20 | | | ● ● ● | |
| 21 | | | ● ● ● | |
| 22 | | | ● ● ● | |
| 23 | | | ● ● ● | |
| 24 | | | ● ● ● | |
| 25 | | | ● ● ● | |
| 26 | | | ● ● ● | |
| 27 | | | ● ● ● | |
| 28 | | | ● ● ● | |
| 29 | | | ● ● ● | |
| 30 | | | ● ● ● | |
| 31 | | | ● ● ● | |