

HEART FAILURE

2023 EDUCATIONAL CALENDAR



Healthcare provider's name

Pharmacy name

Healthcare provider's phone number

Pharmacy phone number



**Indianapolis
Coalition for
Patient Safety**

www.IndyPatientSafety.org



WHAT IS HEART FAILURE?

Heart failure means the heart is not pumping blood through the body as well as it should. Blood and fluid back up around the heart and lungs causing difficulty breathing and swelling.

In most cases, heart failure cannot be cured. One of the most important things you can do is to monitor your own health by paying attention to your body and how you feel. Many people can manage the symptoms of heart failure and live relatively normal lives.

Learning the signs of worsening heart failure can help you know what to do if you experience these symptoms. Call your Health Care Provider if you experience symptoms.

CAUSES OF HEART FAILURE

- HEART ATTACK
- HIGH BLOOD PRESSURE
- DIABETES
- LUNG DISEASE
- HEART INFECTIONS
- DEFECTIVE HEART VALVES
- ATRIAL FIBRILLATION (A-FIB)

HEART FAILURE ZONES FOR MANAGEMENT

GREEN ZONE



ALL CLEAR

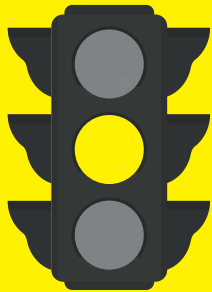
- No shortness of breath
- No swelling
- No weight gain
- No chest pain
- No decrease in your ability to maintain your activity level

GREEN ZONE MEANS:

- Your symptoms are under control.
- Continue taking your medications as ordered.
- Continue daily weight monitoring.
- Follow a low-salt diet.
- Keep all Health Care Provider appointments.

Your goal is to be in the GREEN Zone.

YELLOW ZONE



CAUTION

- Weight gain of 2-3 lbs. overnight or 5 lbs. in a week
- Increased cough and/or swelling
- Increase in shortness of breath with activity
- Increase in the number of pillows needed
- Need to sit in chair to sleep
- Anything else unusual that bothers you

YELLOW ZONE MEANS:

Your symptoms may indicate that you need an adjustment of your medications.

Call your Health Care Provider now.

Write Phone
Number Here: _____

Call your Health Care Provider if you are in the YELLOW zone.

RED ZONE



MEDICAL ALERT

- Unrelieved shortness of breath including at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Confusion

RED ZONE MEANS:

This indicates that you need to be evaluated by a doctor right away.

Call 911.

Call 911 immediately if you are in the RED zone.



DAILY WEIGHTS

SIGNS OF HOLDING ON TO WATER

- Swelling (edema) may occur in the feet, ankles, legs, hands, waist and or belly, or face.
- Rings and/or clothes may become tight or not fit.

SPECIAL INSTRUCTIONS

Weigh yourself in the morning, after urinating (with the same amount of clothes on), and before eating or drinking anything. Record your weight in your calendar.

You should weigh yourself daily to find out if your body is holding onto extra fluid which makes your heart work harder.
































Goal: Recognize a small amount of water retention before you develop serious symptoms from it.

Fluids are heavy. A gallon of water weighs 8 1/3 pounds. Your body can hold 8 – 15 extra pounds of fluid before you develop swelling.

Call your Health Care Provider or doctor if you gain 2 to 3 pounds in one day or 5 pounds in one week.

JANUARY

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 New Year's Day Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	2 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	3 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	4 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	5 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	6 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	7 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
8 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	9 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	10 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	11 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	12 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	13 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	14 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
15 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	16 Martin Luther King, Jr. Day Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	17 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	18 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	19 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	20 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	21 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
22 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	23 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	24 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	25 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	26 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	27 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	28 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
29 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	30 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	31 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____				

LOW-SODIUM (SALT) DIET

Your health could be improved by following a low-sodium diet. Salt causes you to hold onto water, which raises blood pressure and makes the heart work harder.

Follow your Health Care Provider's instructions for your diet and sodium intake.

TRY THESE TIPS

- **Stop adding salt to food.** Take the salt shaker off the table. Do not salt food when cooking. When eating out, ask for no added salt to be cooked with your food.
- **Choose low-sodium food versions.** Use salt substitutes (with doctor's approval) and seasonings (pepper, basil, cinnamon, curry, garlic, oregano, nutmeg, sage or lemon juice) to add flavor.
- **Pick food naturally low in salt.** Eat fresh or plain frozen vegetables, not canned.
- **Learn to read food labels.** Pay attention to the serving size and number of mg of sodium. If you eat two serving sizes, don't forget to double the amount of sodium.
- Frozen meals and heart-healthy meals vary in sodium content, read labels carefully.



Nutrition Facts

8 servings per container

Serving size 2/3 cup (55g)

Amount per serving

Calories

230

% Daily Value*

Total Fat 8g **10%**

Saturated Fat 1g **5%**

Trans Fat 0g

Cholesterol 0mg **0%**

Sodium 160mg **7%**

Total Carbohydrate 37g **13%**

Dietary Fiber 4g **14%**

Total Sugars 12g

Includes 10g Added Sugars **20%**

Protein 3g

Vitamin D 2mcg 10%

Calcium 200mg 15%





























Iron 8mg 45%

Potassium 235mg 6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

FEBRUARY

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	2 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	3 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	4 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
5 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	6 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	7 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	8 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	9 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	10 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	11 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
12 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	13 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	14 Valentine's Day Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	15 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	16 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	17 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	18 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
19 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	20 President's Day Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	21 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	22 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	23 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	24 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	25 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
26 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	27 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	28 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 				

LOW-SODIUM (SALT) DIET

LOW-SALT FOODS

Fresh fruit
Fruit juice
fresh, frozen or canned
Hot cereals
oatmeal, wheat and oat
(not instant)
Shredded wheat
Puffed rice cereals
Granola cereal
Grits
Pasta
Rice
Barley
Unsalted nuts
Unsalted, low-fat butter
or margarine
Vegetables
fresh or frozen
Vanilla wafers
Coffee
JELL-O
Dried beans
Unsalted
or Air-Pop popcorn



MEDIUM-SALT FOODS

Fresh beef
Fresh pork
Fresh poultry
Fresh fish
Fresh lamb
1 egg
Fruit-filled cookies
1/2 cup ice cream
Milk
Yogurt
Mustard, chili and
hot sauce (1 tsp.)
Bread
English muffins
Olives
1/4 cup of grated cheese
Cereal
rings, nuggets and flakes
Canned tuna (3 oz.)
Natural peanut butter
Cream cheese



CAUTION
EAT IN MODERATION
Check labels for
Sodium

HIGH-SALT FOODS

Bacon
Canned beans
Cottage cheese
Most cheeses
Pancakes
Tomato juice
Chicken broth
Cornbread
Dill pickles
Pork and beans
Instant pudding
Sauerkraut
Spaghetti sauce
Soy sauce
Stuffing
Pot pies
Salad dressings
Corned beef
Hot dogs and sausage
Ham and other lunch meats
Canned soups & bouillon cubes
Macaroni and cheese
Frozen food
pizza, frozen meals



FRESHER FOODS

← LOWER

SALT

HIGHER →

MORE PROCESSED

MARCH

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	2 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	3 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	4 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____
5 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	6 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	7 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	8 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	9 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	10 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	11 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____
12 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	13 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	14 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	15 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	16 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	17 St. Patrick's Day Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	18 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____
19 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	20 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	21 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	22 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	23 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	24 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	25 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____
26 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	27 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	28 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	29 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	30 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	31 Weight _____ ZONE Blood Pressure (BP) _____ ____ / ____	

FATIGUE

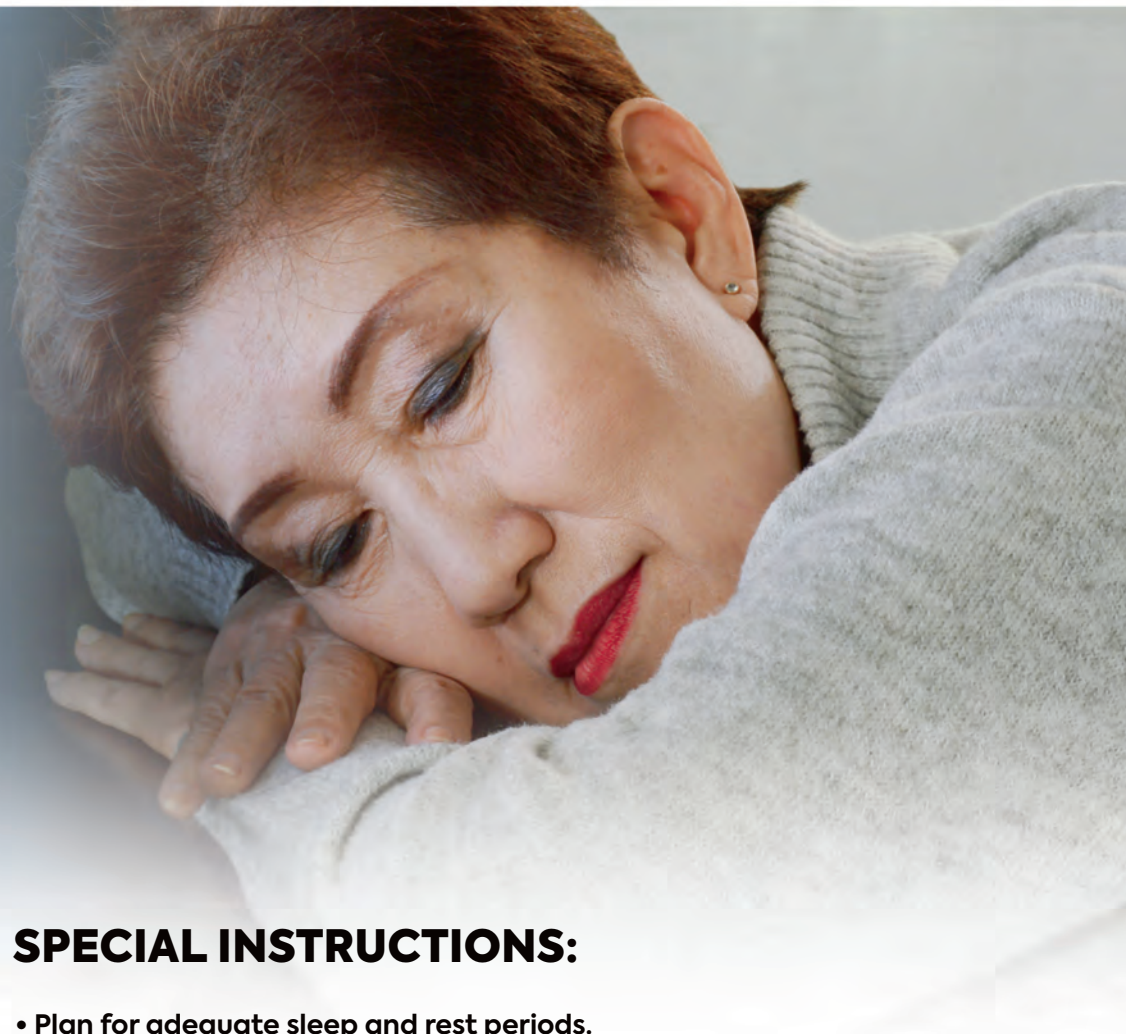
**GENERAL FATIGUE OR TIREDNESS
CAN BE COMMON IN PEOPLE
WITH HEART FAILURE.**

If you feel more tired than normal,
this could be an early warning sign
of worsening heart failure.

SPECIAL INSTRUCTIONS:

- Plan for adequate sleep and rest periods.
- Group similar activities together such as carrying items up stairs.
- Ask family and friends for help.
- Sit while bathing and grooming.
- Wear clothes with elastic or zippers to make it easier to get dressed.
- Be as active as you can but don't overexert yourself. Activity is the best treatment for chronic fatigue.

If you are weaker than yesterday, feel unusually tired or feel tired for no reason, call your Health Care Provider.



APRIL

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
2 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	3 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	4 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	5 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	6 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	7 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	8 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
9 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	10 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	11 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	12 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	13 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	14 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	15 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
16 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	17 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	18 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	19 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	20 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	21 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	22 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
23 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	24 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	25 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	26 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	27 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	28 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	29 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
30 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>						

PHYSICAL ACTIVITY



Your heart needs some activity to remain fit. Even a little movement each day helps to strengthen your heart.

Follow your Health Care Provider's instructions for activity level. If you are in the process of changing medications, some activity may be restricted.

Increase your activity level slowly and steadily as you can tolerate it.

Set realistic goals.

Allow time to rest throughout the day.

Remember to warm up and cool down for five minutes by gently stretching.

Your goal should be to exercise for 30 minutes on most days. This can be broken into three, 10-minute sessions per day. Try exercising during commercial breaks while watching TV.

You should be able to carry on a conversation while exercising. If you're unable to easily talk, slow down! Avoid activities that cause you to strain!

If you develop shortness of breath or chest pain and it doesn't improve greatly with rest, call your Health Care Provider.

IDEAS TO GET STARTED:

- If you get up and get dressed each day, you'll feel more like being active.
- Make a plan and stick to it.
- Reward yourself along the way.

DO NOT EXERCISE IF:

- The outdoor temperature is above 80 or below 40 (Exercise indoors instead)
- You're already short of breath at rest
- You already feel exhausted
- You have a fever or a known infection or feel ill
- You have chest pain
- Your Health Care Provider instructed you not to

EXERCISES TO GET YOU STARTED:
































- Simple stretching, chair exercises and strengthening exercises can be done at home (try stretching or lifting canned goods during TV commercials).
- Include activities such as: housework, gardening and exercise shows/tapes (which are free to check out at the library).
- Add extra movement to things you do now (walk to the mailbox, park your car farther from the door in parking lots, etc.).

STOP EXERCISING IF YOU:

- Feel dizzy or lightheaded
- Have chest pain/tightness or if you have pain in your arms, shoulder or jaw
- Have an irregular heartbeat
- Are sweating severely
- Feel like you're going to vomit or you do vomit

MAY

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	2 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	3 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	4 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	5 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	6 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
7 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	8 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	9 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	10 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	11 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	12 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	13 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
14 Mother's Day Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	15 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	16 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	17 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	18 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	19 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	20 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
21 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	22 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	23 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	24 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	25 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	26 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	27 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
28 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	29 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	30 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	31 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 			

COUGH & CONGESTION

These symptoms are caused by fluids building up in and around the lungs. Therefore, you may need to be prescribed a diuretic or “water pill” to help rid the body of extra salt and fluid.

- Have you noticed labored breathing that occurs when lying flat?
- Have you noticed that you are sleeping with extra pillows or even up in a chair?
- Do you find yourself waking up from sleep coughing or short of breath?

COUGH – MAY BE CHRONIC

- Our concern is if your cough is worsening.
- Are you bringing up mucous? If so, is it thick or thin? What color?
- Are you wheezing?

If you notice you're having any of these symptoms, call your Health Care Provider.



JUNE

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	2 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	3 Weight _____ ZONE Blood Pressure (BP) _____ / _____
4 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	5 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	6 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	7 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	8 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	9 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	10 Weight _____ ZONE Blood Pressure (BP) _____ / _____
11 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	12 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	13 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	14 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	15 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	16 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	17 Weight _____ ZONE Blood Pressure (BP) _____ / _____
18 Father's Day Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	19 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	20 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	21 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	22 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	23 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	24 Weight _____ ZONE Blood Pressure (BP) _____ / _____
25 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	26 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	27 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	28 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	29 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	30 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	

EDEMA

**EDEMA: Extra fluid in tissue
(also known as swelling)**

The swelling can be so severe that the skin stretches and becomes tight. In severe cases, the skin can crack and “seep” fluid. (This is especially dangerous for people with diabetes.)

YOU MAY NOTICE SWELLING IN THE:

- Feet, ankles, or legs
- Hands
- Abdomen or belly
- Face

WHAT CAN I DO?

- Use less salt. (Sodium)
- Take medicine as ordered.
- Cut back on fluids.
- Weigh yourself every day.
- Elevate swollen areas if symptoms occur.



If you notice swelling in any part of your body over your baseline, call your Health Care Provider.

JULY

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
2 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	3 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	4 Independence Day Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	5 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	6 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	7 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	8 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
9 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	10 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	11 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	12 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	13 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	14 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	15 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
16 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	17 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	18 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	19 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	20 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	21 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	22 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
23 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	24 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	25 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	26 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	27 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	28 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	29 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>
30 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>	31 Weight _____ ZONE Blood Pressure (BP) _____ / _____ <div> <div></div> <div></div> <div></div> </div>					

SHORTNESS OF BREATH

Also known as Dyspnea

Dyspnea is labored or difficult breathing, which sometimes causes discomfort. It is normal with strenuous exercise but is not normal with daily activity or when you are resting.

Dyspnea happens when the body needs more oxygen than the heart and lungs can deliver. This happens with worsening heart failure because the heart doesn't pump as well as it should, and this causes fluid to build up around the lungs.

WHAT CAN I DO TO HELP MY DYSPNEA?

- Take medications as directed.
- Use less salt (sodium) in your diet.
- Stop smoking, and avoid second-hand smoke.
- Rest if shortness of breath occurs.

Resources for Tobacco Quitting Programs:

The Indiana Tobacco Quitline at 1.800.784.8669 (1.800.QuitNow)

Marion County Public Health Department at 317.221.2084

Other Resources:



AUGUST

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 Weight _____ Blood Pressure (BP) _____ / _____ 	2 Weight _____ Blood Pressure (BP) _____ / _____ 	3 Weight _____ Blood Pressure (BP) _____ / _____ 	4 Weight _____ Blood Pressure (BP) _____ / _____ 	5 Weight _____ Blood Pressure (BP) _____ / _____
6 Weight _____ Blood Pressure (BP) _____ / _____ 	7 Weight _____ Blood Pressure (BP) _____ / _____ 	8 Weight _____ Blood Pressure (BP) _____ / _____ 	9 Weight _____ Blood Pressure (BP) _____ / _____ 	10 Weight _____ Blood Pressure (BP) _____ / _____ 	11 Weight _____ Blood Pressure (BP) _____ / _____ 	12 Weight _____ Blood Pressure (BP) _____ / _____
13 Weight _____ Blood Pressure (BP) _____ / _____ 	14 Weight _____ Blood Pressure (BP) _____ / _____ 	15 Weight _____ Blood Pressure (BP) _____ / _____ 	16 Weight _____ Blood Pressure (BP) _____ / _____ 	17 Weight _____ Blood Pressure (BP) _____ / _____ 	18 Weight _____ Blood Pressure (BP) _____ / _____ 	19 Weight _____ Blood Pressure (BP) _____ / _____
20 Weight _____ Blood Pressure (BP) _____ / _____ 	21 Weight _____ Blood Pressure (BP) _____ / _____ 	22 Weight _____ Blood Pressure (BP) _____ / _____ 	23 Weight _____ Blood Pressure (BP) _____ / _____ 	24 Weight _____ Blood Pressure (BP) _____ / _____ 	25 Weight _____ Blood Pressure (BP) _____ / _____ 	26 Weight _____ Blood Pressure (BP) _____ / _____
27 Weight _____ Blood Pressure (BP) _____ / _____ 	28 Weight _____ Blood Pressure (BP) _____ / _____ 	29 Weight _____ Blood Pressure (BP) _____ / _____ 	30 Weight _____ Blood Pressure (BP) _____ / _____ 	31 Weight _____ Blood Pressure (BP) _____ / _____ 		

DIURETICS

Also called “Water Pills”

- Diuretics help your heart by getting rid of salt and extra fluid. This lessens the workload of the heart, which makes breathing easier and can decrease swelling.
- Some diuretics can cause the body to lose potassium, a mineral needed for the heart to work properly.
- If you notice leg cramps, this could be a sign of low potassium, so let your doctor know.



A common side effect of diuretics is dizziness. This happens when you lose too much fluid. Let your doctor know if you experience dizziness, but do NOT stop taking your medication unless you're instructed to.

REMEMBER:

































Weigh yourself every morning, and record it. This will help your doctor decide if you're losing too much or not enough fluid.

Since diuretics will cause you to have to urinate frequently, take it as early in the day as possible so it does not wake you up at night. Also, plan daily trips around the time that you notice the most active effect. This is usually two to three hours after taking it.

SEPTEMBER

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	2 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 
3 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	4 Labor Day Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	5 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	6 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	7 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	8 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	9 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 
10 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	11 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	12 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	13 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	14 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	15 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	16 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 
17 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	18 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	19 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	20 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	21 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	22 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	23 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 
24 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	25 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	26 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	27 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	28 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	29 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 	30 Weight _____ Blood Pressure (BP) _____ / _____ ZONE 

MEDICATION TIPS



Use a pillbox marked with days of the week. Fill it on the same day every week, and keep it somewhere you will always see/remember it.

.....
If you are having trouble remembering to take your medications, consider using a pillbox.
.....



Take your pills at the same time every day.

If you're on a medication that causes side effects, discuss this with your Health Care Provider; do NOT stop taking the medicine. It may be possible to change or adjust the medicine. Also, a lot of irritating side effects may fade with time.

Keep a list of all your medications. It's a good idea to keep it in a safe place but also where you or a loved one could easily get to it (for example, in your wallet or purse). Please remember to take this list with you to Health Care Provider appointments.

If you're having trouble paying for medicines, let your Health Care Provider know. There may be ways to get financial help if you ask.
































Please take all medication as prescribed even if you feel better. Never run out of medicine. Reorder when you have about one week's worth left. This will give you time to actually get the pills before your current bottle is empty.

If you're going to be away from home and won't be able to easily get to your medicines, take that day's worth of medicine with you (such as when visiting family or a day with multiple doctors' visits).

If you have any questions about your medications, ask your Pharmacist or Health Care Provider.

OCTOBER

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	2 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	3 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	4 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	5 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	6 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	7 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
8 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	9 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	10 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	11 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	12 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	13 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	14 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
15 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	16 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	17 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	18 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	19 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	20 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	21 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
22 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	23 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	24 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	25 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	26 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	27 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	28 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____
29 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	30 Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____	31 Halloween Weight _____ ZONE  Blood Pressure (BP) _____ / _____ _____ / _____				

Do you snore or are you very tired during the day?

If so, you may have

OBSTRUCTIVE SLEEP APNEA OR “OSA”



SLEEP APNEA HURTS H.E.A.R.T.S.

by increasing the risk of:

H - Heart Failure
E - Elevated Blood Pressure
A - Atrial Fibrillation
R - Resistant Hypertension
T - Type 2 Diabetes
S - Stroke































#SnoredtoDeath



- OSA is very common and affects many people.
- OSA is a sleep disorder in which a person stops breathing for short periods of time during their sleep cycle.
- These short periods result in a lack of oxygen for the heart, brain and other organs in the body.
- Your Health Care Provider may refer you to a sleep center so you can get evaluated by a sleep specialist to see if you have OSA.
- For more information link to <http://sleepeducation.org/>

NOVEMBER

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	2 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	3 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	4 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
5 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	6 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	7 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	8 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	9 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	10 Veteran's Day (Observed) Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	11 Veteran's Day Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
12 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	13 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	14 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	15 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	16 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	17 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	18 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
19 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	20 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	21 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	22 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	23 Thanksgiving Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	24 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	25 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 
26 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	27 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	28 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	29 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 	30 Weight _____ ZONE Blood Pressure (BP) _____ / _____ 		

A-FIB (ATRIAL FIBRILLATION)

A-Fib is the most common heart rhythm problem



Many A-Fib patients also have a diagnosis of Heart Failure. In addition, A-Fib can also put you at risk for a heart attack or stroke.

Reduce your risk of developing A-Fib

- Getting treatment for obstructive sleep apnea
- Controlling your blood pressure
- Not drinking a lot of alcohol
(one day limit: serving size 12 ounces of Beer or 5 ounces of Wine or 1.5 ounces of Spirits)
- Cutting down on caffeine
- Getting treatment for an overactive thyroid gland
- Getting regular exercise
- Losing weight (if you are overweight)

What are possible complications of A-Fib?

- Blood clots
- Stroke
- Heart failure

A-Fib may not cause symptoms. If symptoms do occur, they may include:

- A fast, pounding, irregular heartbeat - Feeling as though your heart is racing, skipping beats, or beating out of sync
- Having trouble breathing, especially with exercise
- Tiredness
- Dizziness or fainting
- Mild chest "tightness" or pain

Treating A-Fib

- Medicines to control the speed or rhythm of the heartbeat
- Medicines to keep clots from forming
- A treatment called "cardioversion" that involves applying a mild electrical current to the heart to fix its rhythm
- Treatments called "ablation," which use heat ("radiofrequency ablation") or cold ("cryoablation") to stop that small part of the heart that is sending abnormal electrical signals
- A device called a pacemaker that is implanted in your body and sends electrical signals to the heart to control the heartbeat

Know the symptoms of stroke: BE FAST

B - Balance:

Ask the person to walk if they are able to. Is there a sudden loss of balance or coordination?

E - Eyes:

Is there a change in vision in one of both eyes including blurry, double or loss of vision?

F - Face:

Ask the person to smile. Is there facial drooping or an uneven smile?

A - Arms:

Ask the person to raise both arms. Does one side drift downward? Is there weakness or numbness on one side?

S - Speech:

Ask the person to repeat a simple sentence. Is there slurred, garbled, or jumbled speech?
































T - Time:

Call 911 for immediate medical help if you notice one or more of these signs. Also, take note of the times when symptoms began.

If you experience any symptoms of A-Fib, please contact your Cardiologist or Healthcare Provider to be seen. If you are experiencing STROKE symptoms it is IMPORTANT to CALL 911 and get to the hospital as soon as possible after any symptoms begin. There are treatment options available for stroke, but they only work within a certain amount of time. Every minute you wait is brain tissue lost.

DECEMBER

Weigh yourself every day, and write it down. Call if you gain more than 2 to 3 pounds in one day or 5 pounds in one week.
Know what zone you are in daily. Place a check mark in your zone each day. ✓

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Weight _____ Blood Pressure (BP) _____ / _____ 	2 Weight _____ Blood Pressure (BP) _____ / _____ 
3 Weight _____ Blood Pressure (BP) _____ / _____ 	4 Weight _____ Blood Pressure (BP) _____ / _____ 	5 Weight _____ Blood Pressure (BP) _____ / _____ 	6 Weight _____ Blood Pressure (BP) _____ / _____ 	7 Weight _____ Blood Pressure (BP) _____ / _____ 	8 Weight _____ Blood Pressure (BP) _____ / _____ 	9 Weight _____ Blood Pressure (BP) _____ / _____ 
10 Weight _____ Blood Pressure (BP) _____ / _____ 	11 Weight _____ Blood Pressure (BP) _____ / _____ 	12 Weight _____ Blood Pressure (BP) _____ / _____ 	13 Weight _____ Blood Pressure (BP) _____ / _____ 	14 Weight _____ Blood Pressure (BP) _____ / _____ 	15 Weight _____ Blood Pressure (BP) _____ / _____ 	16 Weight _____ Blood Pressure (BP) _____ / _____ 
17 Weight _____ Blood Pressure (BP) _____ / _____ 	18 Weight _____ Blood Pressure (BP) _____ / _____ 	19 Weight _____ Blood Pressure (BP) _____ / _____ 	20 Weight _____ Blood Pressure (BP) _____ / _____ 	21 Weight _____ Blood Pressure (BP) _____ / _____ 	22 Weight _____ Blood Pressure (BP) _____ / _____ 	23 Weight _____ Blood Pressure (BP) _____ / _____ 
24 Weight _____ Blood Pressure (BP) _____ / _____ 	25 Weight _____ Blood Pressure (BP) _____ / _____ 	26 Weight _____ Blood Pressure (BP) _____ / _____ 	27 Weight _____ Blood Pressure (BP) _____ / _____ 	28 Weight _____ Blood Pressure (BP) _____ / _____ 	29 Weight _____ Blood Pressure (BP) _____ / _____ 	30 Weight _____ Blood Pressure (BP) _____ / _____ 
31 New Year's Eve Weight _____ Blood Pressure (BP) _____ / _____ 						



WHEN YOU GO TO YOUR APPOINTMENT WITH YOUR HEALTH CARE PROVIDER:

- Bring a list of medications or pill bottles with you.
- Bring a list of concerns and questions.
- Bring this calendar and all your notes to your appointment.
- Know your health care plan before you leave the office.

www.IndyPatientSafety.org