

Heart Failure: Track Your Weight, Food, and Sodium

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to record the sodium content of the foods you eat or drink each day. This record will help you see whether you are getting too much sodium in your diet. Use the Nutrition Facts on food labels to help find out how much sodium you eat.

You can tell when your body retains fluid by weighing yourself often. Sodium "attracts" fluid, so the more sodium you consume, the more fluid you will retain. When your body retains fluid, your weight may increase.

If you weigh yourself every day, you can tell when your body is retaining fluids, because you will weigh more. Record the date and your weight on this form daily.

Take this record with you when you visit your doctor or registered dietitian.

My doctor recommends that I have _____ milligrams (or _____ grams) of sodium in my diet each day.

Week of _____

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		

Heart Failure: Track Your Weight, Food, and Sodium (continued)

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		

Heart Failure: Track Your Weight, Food, and Sodium (continued)

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		

Heart Failure: Track Your Weight, Food, and Sodium (continued)

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		

Date and weight	Food and beverages consumed during the day	Milligrams (or grams) of sodium in each meal or snack
Date: _____	Breakfast	Breakfast
Weight: _____		
	Lunch	Lunch
	Dinner	Dinner
	Snacks	Snacks
TOTAL sodium for the day		