My Self-Care Diary

- Record weight, blood pressure daily Weight: kg - Record blood glucose (if applicable) BP: _____ / ____ mmHg Blood Glucose: _____ mmol/L (finger prick) - Check symptoms daily Heart failure symptoms: Refer Heart Failure Action Plan Remarks: √ the colour zone accordingly ●OK ●NOT OK ●GET HELP! Weight: kg Weight: kg BP: _____/ ___ mmHg BP: ______/ ___ mmHg Blood Glucose: _____ mmol/L (finger prick) Blood Glucose: _____ mmol/L (finger prick) Heart failure symptoms: Heart failure symptoms: Remarks: Remarks: Weight: kg Weight: kg BP: / mmHg BP: / mmHg Blood Glucose: mmol/L (finger prick) Blood Glucose: mmol/L (finger prick) Heart failure symptoms: Heart failure symptoms: Remarks: Remarks: Weight: _____ kq Weight: kg BP: _____ / ____ mmHg BP: _____/ ___ mmHg Blood Glucose: _____ mmol/L (finger prick) Blood Glucose: mmol/L (finger prick) Heart failure symptoms: Heart failure symptoms: Remarks: Remarks:

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