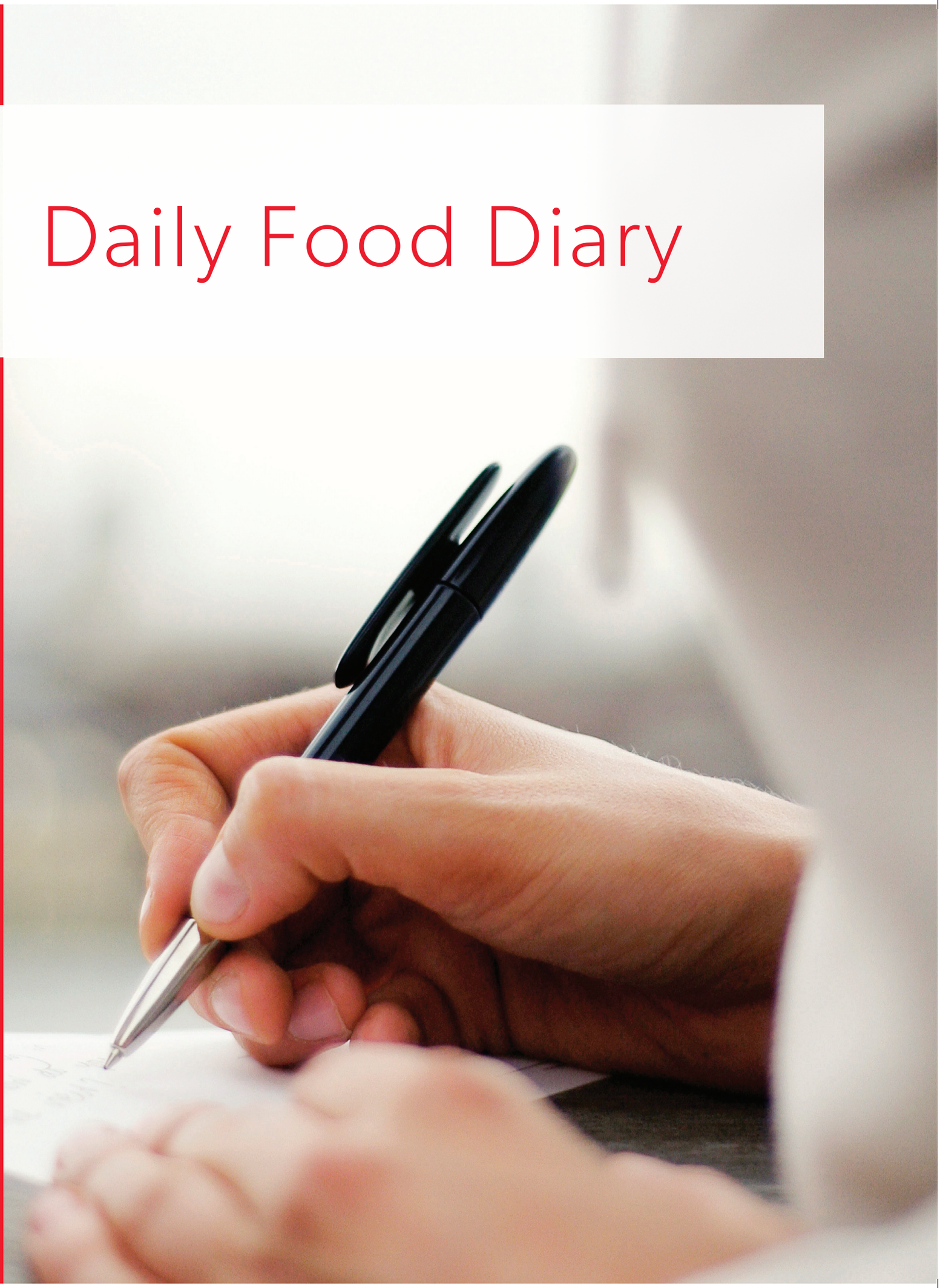
Daily Food Diary



SAMPLE DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
151.4	Yes No	Yes No	2	121/57	85	109	❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
COFFEE	0	7	CRANBERRY JUICE	35	8	GRAPE JUICE	15	8
APPLE JUICE	10	8	SWEET POTATO	53		HOMEMADE TURKEY SOUP	225	8
OATMEAL	0		ROAST CHICKEN	105		5 UNSALTED CRACKERS	75	
TOAST	105		CABBAGE	14		STRAWBERRY SALAD	65	
2 OZ. COTTAGE CHEESE	215		SEASONING BLEND	0		SNACK COOKIES	50	
1 C. BLUEBERRIES	5		PEACHES	0		APPLE JUICE	33	3
			GRAPES	0		6 CHIPS	45	
			BLACKBERRIES	0		GRAPE JUICE	15	7
			BLUEBERRIES	0		COFFEE	0	7
TOTAL	330 MG	15 OZ.		207 MG	8 OZ.		523 MG	33 OZ.

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: *Felt good today. Was able to walk to the mailbox and back.*_____

_____

Blank food diaries can also be downloaded or printed at **www.arheart.com/services/strong-heart-clinic/.**

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

DAILY FOOD DIARY

WEIGHT	FATIGUE	SHORTNESS OF BREATH	# OF PILLOWS	BP	HR	BS	OUTPUT	EXERCISE / OTHER ACTIVITY
	Yes No	Yes No					❑ Increased ❑ Decreased ❑ Same	Yes No _____ _____

BREAKFAST	SODIUM MG	FLUID OZ	LUNCH	SODIUM MG	FLUID OZ	DINNER	SODIUM MG	FLUID OZ
TOTAL								

Your Goal Is: 2,000 cc (64 ounces) per 24 hour fluid restriction met ❑ Yes ❑ No

2,000 mg per 24 hour sodium restriction met ❑ Yes ❑ No

Other:_____ ❑ Yes ❑ No

Comments: _____

_____

_____

ARKANSAS HEART HOSPITAL®

PRE-DISCHARGE CHF QUIZ

Please complete after watching the AHH CHF Discharge Instruction Video

1. Is it good enough to just not sprinkle salt on my food if I have been hospitalized with Heart Failure?

a. Yes
b. No!

2. What is the maximum amount of sodium I can have in a day?

a. 1000 mg
b. 2000 mg
c. 3000 mg

3. When shopping at the grocery store, don't buy any food that has more than ____mg sodium per serving on the nutrition label.

a. 50 mg
b. 250 mg
c. 1000 mg

4. Unless my doctor says otherwise, I should limit my daily fluid intake to _____ a day.

a. 20 ounces a day
b. 64 ounces (or ½ gallon or 2000 cc) a day
c. 128 ounces a day or 1 gallon

5. The best time to check my daily weight is _____.

a. Morning (after you empty your bladder)
b. Noon
c. Before bed

6. It is Sunday morning at 7 am and you notice that your weight has gone up 4 pounds overnight, you had to sleep with 2 extra pillows under your head last night and you have increased shortness of breath when you walk to the bathroom. What number should you call?

a. (501) 663-8400-Medical Exchange-ask for the doctor on call for Arkansas Heart Hospital
b. (501) 664-5860-Arkansas Heart Hospital Clinic Main number
c. (501) 978-8633-the CHF Clinic at AHHC

The AHH CHF videos are also available online at **www.arheart.com/services/strong-heart-clinic.**

Answers: 1) b. 2) b. 3) b. 4)b. 5) a. 6) a.

The period after a hospitalization with heart failure and fluid overload can be very confusing with many new or changed medications, multiple doctors' appointments, and the possible need for services like Rehab or Home Health. You will probably have many different issues and questions that need to be addressed in order to maintain your best possible health. About 1 in 4 people hospitalized with heart failure will be right back in the hospital within 30 days with the same or related problems. For this reason, close follow up care is very important.

Arkansas Heart Hospital's outpatient CHF Clinic will help you navigate what can be a difficult transitional period by closely monitoring your blood work, adjusting your medications, and helping you maintain a healthy low sodium diet in order to maximize your health and independence. If you are experiencing fluid overload, the CHF Clinic can treat you with IV medication as needed to keep you from going back into the hospital. We are located at Arkansas Heart Hospital Clinic, one block north of Arkansas Heart Hospital on Shackleford Rd. Our address is 7 Shackleford West Blvd. If you have any problems with fluid overload even before your first appointment with us, please call us at (501) 978-8633. In order to help us manage your heart failure as well as possible, please bring all of your pill bottles and medication box (if you use one) to your first appointment. You do not need to fast before your Strong Hearts Clinic appointment unless we specifically tell you to. Please take all of your regularly scheduled medications on the day you come. We are located on the second floor of Arkansas Heart Hospital Clinic.

KNOWLEDGE IS POWER

The more you know about managing your heart failure symptoms, the better you will be able to take back control of your health. Your healthcare team at Arkansas Heart Hospital is here to support you on this journey.

If you have questions about managing your Heart Failure, please call the AHHC CHF clinic at (501) 978-8633.

FAILURE IS NOT AN OPTION!