



WEIGHT LOG

Physician Name/Number: _____

Weight daily at the same time
after voiding and record.

Notify physician if weight gain is 2-3 pounds
overnight or 5 pounds in one week.

Admission Weight	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Weight Vital Signs							
	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Weight Vital Signs							
	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Weight Vital Signs							
	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
Weight Vital Signs							

- ✓ Take this weight log to your doctor's appointments
- ✓ Never stop taking your medications even if you feel better without consulting your doctor.
- ✓ Do not take any medicines or vitamins unless consulting your doctor or pharmacist.
- ✓ Look at the sodium content on food labels.
 - A low sodium diet is 140 mg or less per serving of sodium
 - No more than 2000 mg a day
- ✓ Check your symptoms on the Zone Sheet