

DAILY FOOD DIARY

Weight	Fatigue		Shortness of Breath		# of Pillows	BP	HR	BS	Out Put	Exercise / Other Activity	
	Yes	No	Yes	No					<input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> 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 _____

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