W.A.T.C.H. WEIGHT JOURNAL

- **W** Weigh yourself daily
- **A** Activity (keep active)
- **T** Take all medications
- **C** Call your health care team if symptoms worsen
- **H** Heart healthy meals

If you have questions regarding your health, please contact your health care team.

My Care Team phone number:

If you are having a medical emergency, call 911.

My weight at hospital/clinic: _____ Date: ____

My initial home weight: _____ Date: ____



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