



**Brisbane Cardiac Consortium  
Clinical Support Systems Program**

*A joint initiative of the Royal Australasian College of Physicians  
and the Commonwealth Department of Health and Ageing,  
supported by Queensland Health*



**This diary is to help you keep a  
record of your weight, how you feel,  
your medication and your exercise.  
Please take this diary to ALL visits  
to your doctors and hospital.**

This booklet was compiled by D Sanders and J Thiele, Clinical Pharmacists.  
With thanks to staff at Princess Alexandra Hospital, Royal Brisbane  
Hospital, QEII Hospital and The Prince Charles Hospital.

Published April 2001  
Revised by A.Hickey, April 2005

For further supplies of diary:

[http://www.health.qld.gov.au/heart\\_info/Cardiac\\_Diary](http://www.health.qld.gov.au/heart_info/Cardiac_Diary)

## Personal Details

Name:

Address:

Phone:

### Contact numbers and addresses

Doctor name: Address: Phone:
Cardiologist or Physician name: Address: Phone:
Pharmacist name: Address: Phone:
Nurse name: Address: Phone:

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Date</b>							
<b>Weight</b>							
<b>Length/Type of exercise</b>							
<b>Were any tablets missed ?</b>							
<b>Reason for missing medication</b>							
<b>Any Symptoms?*</b>							
* Insert numbers that best describe your symptoms:	1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain  5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy  8. Swelling or pain in abdomen 9. Fast or irregular heart beat						



## When to see your doctor

**Talk to your doctor if any of the following symptoms are new or getting worse.**

1. Shortness of breath
2. Tiredness
3. Swelling of ankles, feet or legs
4. Chest pain
5. Waking at night with breathlessness
6. Persistent coughing
7. Feeling faint or dizzy
8. Swelling or pain in your abdomen
9. Fast or irregular heart beat

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Date</b>							
<b>Weight</b>							
<b>Length/Type of exercise</b>							
<b>Were any tablets missed ?</b>							
<b>Reason for missing medication</b>							
<b>Any Symptoms?*</b>							
<b>* Insert numbers that best describe your symptoms:</b>	1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain		5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy		8. Swelling or pain in abdomen 9. Fast or irregular heart beat		

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms:		1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain		5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy		8. Swelling or pain in abdomen 9. Fast or irregular heart beat	

## Diet

- Buy reduced salt products and avoid foods that have a high salt content. Add less salt to cooking and avoid adding salt to meals.
- Eat foods that are low in saturated fat and cholesterol such as: lean meat, low fat milk, yoghurt and cheese, fruit, vegetables, pulses and bread.
- Cook foods using low fat cooking techniques such as boiling, grilling and steaming.
- Avoid high fat baked goods and snack foods, such as cakes, potato crisps and chocolate.
- Talk to your doctor or dietician if you are unsure what types of foods you should eat.
- Check with your Doctor about your daily fluid requirements

*If the weather is hot or you are suffering from vomiting or diarrhoea get advice about fluid intake and fluid tablet (diuretic) dose from your doctor.*

## Monitoring your weight

It is important that you do not carry too much body fluid. Monitor your fluid closely by:

- Weighing yourself everyday, preferably before breakfast.
- record it in the tables at the back of this booklet



Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms:	1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain		5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy		8. Swelling or pain in abdomen 9. Fast or irregular heart beat		

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms: 1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain 5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy 8. Swelling or pain in abdomen 9. Fast or irregular heart beat							

### ***How much should you weigh?***

*How will you know if you are carrying too much fluid?*

Your *dry body weight* is your weight when you are not carrying excess fluid. If you are in hospital, ask the doctor or nurse to write your *dry body weight* at the back of this booklet. (In some situations your GP maybe able to give you your dry body weight.)

**If your weight increases by more than 1.5kg (one and a half kilograms) in 24 hours see your doctor as soon as possible.**

## Key Points: Exercise, Smoking and Alcohol

**Exercise:** Be active everyday in as many ways as you can, however, pace yourself as overdoing it can put extra stress on your heart. Walking is good exercise.

**NB. Stop and have a rest if you need to. If you have a spray or anginine tablets always carry these with you.**

**Smoking:** Stopping smoking will have enormous benefits for the health of your heart. By not smoking your heart will be less strained and your risk of having a heart attack or stroke will be reduced. Speak to your pharmacist, doctor or nurse for advice on how to stop smoking.

**Alcohol:** Alcohol can cause further damage to your heart. It is best to reduce the amount of alcohol you drink. For most people it is best to stop drinking alcohol altogether. Ask your doctor for further advice.

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms:		1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain		5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy		8. Swelling or pain in abdomen 9. Fast or irregular heart beat	

Daily Diary : Week No. ....:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms: 1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain 5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy 8. Swelling or pain in abdomen 9. Fast or irregular heart beat							

## Visiting your doctor

Talk to your doctor about anything you do not understand or if anything is worrying you. **Make sure you take this booklet and your most recent medication list with you.** Ask the doctor to update your medication list if there are any changes.

When you visit your doctor make sure you talk about :

- New symptoms
- Symptoms that are getting worse
- Non-prescription medications you are taking eg. painkillers or other medicines bought from the chemist, herbal or natural remedies
- Worries about unwanted effects from medications
- When to take your tablets
- Exercise and diet programs

## Questions for your pharmacist

Make sure that you ask your pharmacist in the hospital or local chemist the following questions:



- What is the medication for?
- What are the unwanted effects and what should I do if they happen to me?
- What is the best time of day to take this medication?
- What do I do if I miss a dose?
- What is the best way to store my medication?

Contact your pharmacist if you have any problems understanding medication labels or opening medicine bottles or packs.

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms:	1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain 5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy 8. Swelling or pain in abdomen 9. Fast or irregular heart beat						

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms:	1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain		5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy		8. Swelling or pain in abdomen 9. Fast or irregular heart beat		

## When to call an ambulance



**Call an ambulance if you experience any of the following:**

- **Severe chest pain** for more than 15 minutes with no relief from angina medications.
- **Severe shortness of breath**
- **Blackout / loss of consciousness**

### Monitoring your health

Each time any of the following tests are carried out record the results below.

Your targets:

- Blood Pressure \_\_\_\_\_
- Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_
- Triglyceride \_\_\_\_\_
- Dry Weight \_\_\_\_\_
- Pulse \_\_\_\_\_

Date	Test	Result	Date	Test	Result

Daily Diary : Week No. ....							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Weight							
Length/Type of exercise							
Were any tablets missed ?							
Reason for missing medication							
Any Symptoms?*							
* Insert numbers that best describe your symptoms:	1.Short of breath 2. Tiredness 3. Swelling of ankles, feet or legs 4.Chest pain	5. Waking at night with breathlessness 6. Persistent coughing 7. Feeling faint or dizzy	8. Swelling or pain in abdomen 9. Fast or irregular heart beat				