

# Heart Failure Symptom Assessment

Date \_\_\_\_\_

*Establish a patient's baseline before discharge. A copy should go to home health agency or nursing home or with the patient when discharged home*

- Your weight is \_\_\_\_\_
- You are able to walk \_\_\_\_\_ before becoming short of breath  
(how far)
- You are able to climb \_\_\_\_\_ stairs before becoming short of breath  
(how many)
- You use \_\_\_\_\_ pillows to sleep  
(how many)

• Your usual amount of ankle swelling is:

None                      Slight                      Some                      Quite a bit

- |                                      |       |              |       |
|--------------------------------------|-------|--------------|-------|
| • During activity, you need to rest: | Never | Occasionally | Often |
| • You cough (during daytime):        | Never | Occasionally | Often |
| (during nighttime):                  | Never | Occasionally | Often |

• You have chest pain/ tightness/ pressure/ discomfort/ angina:

Never                      With vigorous exercise                      With usual activity                      While resting