



SELF-MONITORING SHEET

Patient's Name: _____

SELF-MONITORING: Record your findings below

DAYS	CHANGES IN YOUR BREATHING PATTERN	WEIGHT	SWELLING	FATIGUE	SIDE EFFECTS OF MEDICATION	ACTION TAKEN AND YOUR RESULTS
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

QUESTIONS TO ASK YOURSELF:

1. What was I doing when the change was noticed? _____
2. What time of day did the change happen? _____
3. How did I decide to report or not to report it? _____
4. To whom did I report the change? _____