# HF Weekly Follow-Up Call Script

**Pt. Name:**_____**Date:**_____**Phone:**_____
**Interviewer:**_____ **Physician:**_____**(*=Needs Intervention)**
**Time of Call**_____**Call #**_____

| | YES | NO |
|---|---|---|
| **WEIGHT** | | |
| **1.** Are you keeping a daily weight log? | ☐ | ☐* |
| **2.** If you gain 2-3 lbs overnight, or 5 lbs, in 5 days do you know what to do? | ☐ | ☐* |
| **MEDICATIONS** | | |
| **3.** Have you been taking the medications as your doctor ordered? | ☐ | ☐* |
| Please get your meds and tell me what you are taking. | | |
| _____ | | |
| _____ | | |
| _____ | | |
| **4.** Have you had any medication changes since you have been in the hospital? | ☐ | ☐ |
| Please list them_____ | | |
| **5.** Have you ever missed a dose or run out of your medications? | ☐* | ☐ |
| Do you experience any major side effects from you medications? | ☐* | ☐ |
| **DIET/EXERCISE** | | |
| **6.** Do you understand your low sodium diet? | ☐ | ☐* |
| Tell me what you ate in the last 24 hours: | | |
| Breakfast_____ | | |
| Lunch_____ | | |
| Dinner_____ | | |
| Snacks_____ | | |
| Do you exercise regularly? _____Minutes_____ #times per week | | |
| **SIGNS/SYMPTOMS** | | |
| **7.** Have you had any swelling in your ankles/abdomen? How much? _____ | ☐* | ☐ |
| **8.** Since we spoke last, have you had any trouble with: | | |
| Chest Pain | ☐* | ☐ |
| Palpitations/Fluttering in chest | ☐* | ☐ |
| Coughing_____ dry_____ productive | ☐* | ☐ |
| Shortness of breath with exertion | ☐* | ☐ |
| Shortness of breath at rest | ☐* | ☐ |
| (How far can you walk before you become SOB?) | | |
| Sudden shortness of breath, waking you up from sleep | ☐* | ☐ |
| (How many pillows do you sleep on at night?)_____ | | |
| **9.** Can you perform your ADL's without becoming SOB, tired, or weak? | ☐ | ☐* |
| **10.** Have you experienced weakness, faintness, and dizziness? | ☐* | ☐ |
| Do you have any other significant complaints you would like to mention? | | |
| **11.** Have you been to the ER/hospital since we last spoke? | ☐* | ☐ |
| **12.** When is your next appointment with your MD?_____ | | |

**Highlighted responses: Instruct patient to call MD ASAP**
**If two or more positive responses, needs intervention (call MD)**
**Recommendations: Teaching implemented: Medications_____ Wt. Monitoring____ Diet ____ MDF/U____**
**CHF S/S____**
**Comments:**_____
**Education Materials Sent:**

Source: Advisory Board interviews and analysis.