



MY MEASUREMENTS

MEASUREMENTS



Keep track of your measurements here - it will help you determine if you have gained or lost any weight rapidly and help you work out if you need to contact your healthcare professional about it.

DATE	WEIGHT (Kgs)	TRAFFIC LIGHT (See Section 3.5)	NYHA (See Section 3.3.1)
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>