

# MY APPOINTMENT DIARY

Help in managing your heart failure

# YOUR APPOINTMENT DIARY

Use this diary in conjunction with 'My Marvellous Symptom Checker.'

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## How are you feeling today?



Feeling okay today - no change from last time.



I'm not sure, maybe it's just one of those days.



I don't feel like things are going as well as last time.

## Where are you in New York?

### NYHA Class      Symptoms

#### NYHA Class 1

No limitation of physical activity. Ordinary physical activity does not cause undue tiredness, palpitations, or shortness of breath. Referred to as NHYA 1.

#### NYHA Class 2

Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in tiredness, palpitations, or shortness of breath. Referred to as NHYA 2.

#### NYHA Class 3

Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes tiredness, palpitations or shortness of breath. Referred to as NHYA 3.

#### NYHA Class 4

Unable to carry out any physical activity without discomfort and tired and short of breath even at rest. If any physical activity is undertaken, discomfort increases. Referred to as NHYA 4.

## Discussion points

What do you feel are the priorities for your appointment? Write them down so you can discuss them with your Healthcare Professional. Make sure you set your next appointment and write it in your diary.

**DATE:**

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## HOW ARE YOU FEELING?

(See your 'My Marvellous Symptom Checker' or refer to page 2 of this booklet).



- Red
- Amber
- Green

NYHA 1

NYHA 3

NYHA 2

NYHA 4

## DISCUSSION POINTS

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## YOUR NEXT APPOINTMENT

**DATE:** .....

**TIME:** .....

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
**DATE:** .....

**TIME:** .....

**AT:** .....


# 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	TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker')	NYHA (See Page 1)	
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
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# MY HEART FAILURE MEDICINES

It is important to understand the medication you take to control your heart failure, if you are unsure then why not ask your Doctor, Nurse or Pharmacist to explain what you are taking and why.

	HEART FAILURE MEDICINES	TIME	DOSE	ANY SIDE EFFECTS
MORNING				
AFTERNOON				
EVENING				
BEDTIME				

# MY HEART FAILURE MEDICINES

	HEART FAILURE MEDICINES	TIME	DOSE	ANY SIDE EFFECTS
MORNING				
AFTERNOON				
EVENING				
BEDTIME				

# MY HEART FAILURE MEDICINES

	HEART FAILURE MEDICINES	TIME	DOSE	ANY SIDE EFFECTS
MORNING				
AFTERNOON				
EVENING				
BEDTIME				

# MY HEART FAILURE MEDICINES

	HEART FAILURE MEDICINES	TIME	DOSE	ANY SIDE EFFECTS
MORNING				
AFTERNOON				
EVENING				
BEDTIME				



## THE MARVELLOUS CHANNEL ADDRESSING THE PATIENT, CARER, DOCTOR AND NURSE CHALLENGES OF HEART FAILURE

### Contact



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[www.pumpingmarvellous.org](http://www.pumpingmarvellous.org)



[hearts@pumpingmarvellous.org](mailto:hearts@pumpingmarvellous.org)



@pumpinghearts



heart failure aware (open)



help for hearts (closed support group)

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### Thank you!

