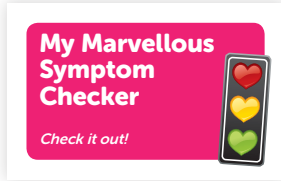


MY APPOINTMENT DIARY

Managing your Heart Failure

YOUR APPOINTMENT DIARY



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

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:

.....
.....
.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....
.....
.....
.....
.....
.....
.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....
.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

.....

DATE:

.....
.....
.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....
.....
.....
.....
.....
.....
.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....
.....

DATE:

.....
.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....
.....
.....
.....
.....
.....
.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....
.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

DATE:

.....
.....
.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....
.....
.....
.....
.....
.....
.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....
.....

DATE:

.....
.....
.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....
.....
.....
.....
.....
.....
.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....
.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE:

TIME:

AT:

.....

.....

DATE:

.....

HOW ARE YOU FEELING?

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



Red

Amber

Green

NYHA 1

NYHA 2

NYHA 3

NYHA 4

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

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 (Kgs)	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"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	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"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/>
			<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"/>
			<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"/>
			<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"/>
			<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"/>
			<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"/>
			<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"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker')	NYHA (See Page 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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	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 	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	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"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker')	NYHA (See Page 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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	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 	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	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"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker')	NYHA (See Page 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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	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 	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	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"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker')	NYHA (See Page 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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	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 	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	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"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker')	NYHA (See Page 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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <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"/>
		 <ul style="list-style-type: none"> <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green 	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 	2 <input type="checkbox"/>	4 <input type="checkbox"/>

MEASUREMENTS

DATE	WEIGHT (Kgs)	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"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	1 <input type="checkbox"/>	3 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	2 <input type="checkbox"/>	4 <input type="checkbox"/>
		 <input type="checkbox"/> Red <input type="checkbox"/> Amber <input type="checkbox"/> Green	2 <input type="checkbox"/>	4 <input type="checkbox"/>



 **WATCH PMTV Live HF
ON YOUTUBE**
youtube.com/PMTVLiveHF



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

Contact

-  **01772 796542**
-  **www.pumpingmarvellous.org**
-  **hearts@pumpingmarvellous.org**
-  **@pumpinghearts**
-  **heart failure aware (open)**
-  **help for hearts (closed support group)**

Can you help us by donating or fundraising?

This resource has been supplied free of charge by The Pumping Marvellous Foundation. We rely on contributions to help us provide this vital service.

Thank you!

To find your nearest
Heart Failure team please visit:
www.justheartfailure.org