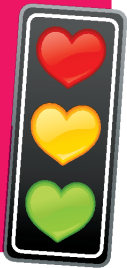


# My Symptom Checker

*Check it out!*



# Where are you on the scale?

## The NYHA Scale

The NYHA scale is usually used by clinicians to assess you. However as you are the only one who knows how you feel, it's a great tool to help you explain to clinicians what's been going on whilst they aren't there.

### NYHA Class Symptoms

**Class 1** No limitation of physical activity. Ordinary physical activity does not cause undue tiredness, palpitations, or shortness of breath.

**Class 2** Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in tiredness, palpitations, or shortness of breath.

**Class 3** Comfortable at rest, but less than ordinary activity causes tiredness, palpitations or shortness of breath.

**Class 4** Unable to carry out any physical activity without discomfort, tired and short of breath even at rest. If any physical activity is undertaken, discomfort is increased.

Please note: this booklet should not replace and/or substitute the interactions with and advice you are given from your healthcare professional. If you have any concerns about your condition then do discuss them with your healthcare professional at the earliest opportunity.

### CLASS 1

"I can perform all physical activity without getting short of breath, tired, or having palpitations."

### CLASS 2

"I get short of breath, tired, or have palpitations when performing more strenuous activities. For example, walking on steep inclines or walking up several flights of steps."

### CLASS 3

"I get short of breath, tired, or have palpitations when performing day-to-day activities (for example, walking along a flat path)."

### CLASS 4

"I feel breathless at rest, and am mostly housebound. I am unable to carry out any physical activity without getting short of breath, tired, or having palpitations."



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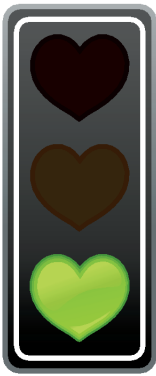
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## GREEN - KEEP WATCH

Your weight has not increased/has increased by 4lb/2kg over 3 days but you agree with the statements below:



You are no more breathless than usual.



Your ankles are no more swollen than usual.



All of your other medical conditions are OK.



You are as active and mobile as you normally are.



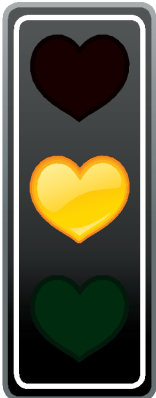
Your main carer's health is unchanged.

### WHAT SHOULD YOU DO?

There is no need for a review by the Heart Failure specialist team/GP/Practice Nurse apart from your regular reviews. However, you should be reviewed at least twice a year.



## JOIN OUR PATIENT AND CARER COMMUNITY - SCAN WITH YOUR DEVICE HERE



## AMBER - STAY ALERT

Your weight has increased/had increased by 4lb/2kg over 3 days and/or one of the statements below is true:



You are feeling more breathless than usual.



Your legs are more swollen than before.



You are breathless at night or need more pillows to sleep on.



You are unable to be as active as usual/you are a bit more muddled than usual.



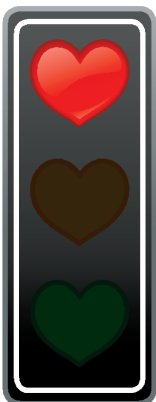
Any of your other conditions are worsening.



Your main carer is becoming more ill and unable to help look after you as much as before.

### WHAT SHOULD YOU DO?

Try simple measures to improve your symptoms **and/or** consider a sooner appointment with the Heart Failure specialist team/GP/Practice Nurse if you feel it is necessary.



## RED - TAKE ACTION

If your symptoms continue to worsen over 3 days, or you have any of the problems below:



You have symptoms of an infection and/or you feel very unwell.



You have blacked out.



Any of your other medical conditions are continuing to worsen.



You have become confused about your medications.



My medication has been reduced/stopped and I am not sure why/my Heart Failure team are unaware.



You have worsening breathlessness or leg swelling or are unable to be as active as usual.



You have worsening or new angina.



Your carer becomes very ill/has been admitted to hospital and is unable to take care of you.



You have had diarrhoea or vomiting for more than 24 hours.

### WHAT SHOULD YOU DO?

Consider urgent advice from your GP or Heart Failure service. If you feel very unwell, call 999.

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