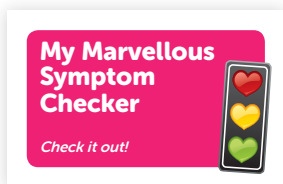


MY APPOINTMENT DIARY

Live well with 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 NYHA 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 NYHA 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 NYHA 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 NYHA 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).



- | | | |
|-----------------------------|------------------------------|------------------------------|
| <input type="radio"/> Red | NYHA 1 <input type="radio"/> | NYHA 3 <input type="radio"/> |
| <input type="radio"/> Amber | NYHA 2 <input type="radio"/> | NYHA 4 <input type="radio"/> |
| <input type="radio"/> Green | | |

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

NYHA 1

NYHA 3

Amber

NYHA 2

NYHA 4

Green

DATE:

.....

HOW ARE YOU FEELING?

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



Red

NYHA 1

NYHA 3

Amber

NYHA 2

NYHA 4

Green

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE: TIME:

AT:

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

NYHA 1

NYHA 3

Amber

NYHA 2

NYHA 4

Green

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

NYHA 1

NYHA 3

Amber

NYHA 2

NYHA 4

Green

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

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

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

DISCUSSION POINTS

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

YOUR NEXT APPOINTMENT

DATE: TIME:

AT:

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

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

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

DISCUSSION POINTS

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

YOUR NEXT APPOINTMENT

DATE: TIME:

AT:

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

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

.....

.....

.....

.....

.....

.....

.....

DISCUSSION POINTS

.....

.....

.....

.....

.....

.....

.....

YOUR NEXT APPOINTMENT

DATE: TIME:

AT:

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

NYHA 1

NYHA 3

Amber

NYHA 2

NYHA 4

Green

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

NYHA 1

NYHA 3

Amber

NYHA 2

NYHA 4

Green

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="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker') | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) | |
|------|--------------|---|-------------------------|-------------------------|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) | |
|------|--------------|---|-------------------------|-------------------------|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) | |
|------|--------------|---|-------------------------|-------------------------|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) | |
|------|--------------|---|-------------------------|-------------------------|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> | 3 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 2 <input type="radio"/> | 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker') | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker') | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <ul style="list-style-type: none"> <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

MEASUREMENTS

| DATE | WEIGHT (Kgs) | TRAFFIC LIGHT (See your 'My Marvellous Symptom Checker) | NYHA (See Page 1) |
|------|--------------|---|--|
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |
| | |  <input type="radio"/> Red <input type="radio"/> Amber <input type="radio"/> Green | 1 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> |

Pumping Marvellous

The heart failure charity

LET'S
B.E.A.T
HEART FAILURE
TOGETHER



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.



Contact Us



01772 796542



@pumpinghearts



www.pumpingmarvellous.org



Search 'Pumping Marvellous Foundation' for our page



hearts@pumpingmarvellous.org



Search 'Help for Hearts' for our support community group



Search 'Pumping Marvellous'