




**\* PLEASE BRING THIS COMPLETED FORM WITH YOU TO YOUR BLOODS APPOINTMENT \***


### Heart Failure Questionnaire

Please tick the boxes which best describe how you are feeling.  
Remember to leave the box blank if it does not apply to you.

<b>BREATHING</b> (Tick one of the three boxes)		
No new or worsening shortness of breath		
Worsening shortness of breath with activity		
Shortness of breath at rest		

<b>WEIGHT</b> (Tick one of the three boxes)		
Weight remains stable		
Weight increasing and/or increased swelling of legs, ankles, feet or abdomen		
Sudden weight gain of 1-2 pounds (1kg) or more in 2-3 days and increased swelling of legs, ankles, feet or abdomen		

<b>SLEEP</b> (Tick one of the three boxes)		
No problems with breathing when sleeping		
Difficulty sleeping due to breathing		
Unable to lie flat to sleep		

<b>OTHER SYMPTOMS</b> (Tick any of these boxes if they apply to you)		
New loss of appetite		
New or worsening dizziness or confusion		
New frequent dry cough		



If you are in the **GREEN** zone, you will receive your normal **annual review** of your heart failure.

If you are in the **AMBER** zone, we will arrange an appointment with you within **1 month**.

If you are in a **RED** zone, we will arrange an appointment with you within **1 week**.