Conceptual Model for a CHF Database

Last Name	First Name	Gender	Age	Do you have a heart condition ?	Are you on an Ace inhibitor or an Angiotension receptor blocker?	Do you smoke?	Are you on a prescribed diet?	Are you monitoring your weight daily?	Are you under the Doctor's care?
Bass	Tom	M	60	Yes	Yes	Yes	Yes	No	Yes
Small	Lisa	F	74	Yes	Yes	Yes	No	No	Yes
Hill	Tim	M	98	Yes	Yes	No	Yes	Yes	Yes
Dew	Nina	F	85	Yes	Yes	No	Yes	Yes	Yes
Peter	Jill	F	76	Yes	Yes	No	Yes	Yes	Yes
Loner	Kim	F	84	Yes	Yes	No	Yes	Yes	Yes