## Symptom Tracker



Valve disease may have no symptoms or symptoms often worsen over time. It's important to recheck your symptoms and compare to previous notes.

## DATE SYMPTOMS CHECKED MONTH DAY YEAR

## **NEXT CHECKUP DATE** MONTH DAY YEAR

Schedule another checkup in 6 months

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1	Do you ever experience chest pain or discomfort?		Do you ever feel short of breath during your normal activities?		Are you ever concerned that you may pass out or faint?	
	Never	Often	○ Never	Often	○ Never	Often
	<b>Occasionally</b>	<b>○ Always</b>	<b>Occasionally</b>	<b>Always</b>	Occasionally	<b>Always</b>
2	Does exercise or activity ever bring on chest pains?		Do you ever feel shortness of breath when lying down?		2 Do you ever feel dizzy?	
	○ Never	Often	○ Never	Often	○ Never	Often
	Occasionally	○ Always	Occasionally	<b>Always</b>	Occasionally	○ Always
3	Do you ever have unusual or uncomfortable heartbeats or palpitations?		Do you notice that you are more easily tired than you used to be?		3 Do you ever feel lightheaded when you get up?	
	Never	Often	○ Never	Often	○ Never	Often
	Occasionally	○ Always	Occasionally	<b>Always</b>	Occasionally	<b>Always</b>
IF YOU ANSWERED "OCCASIONALLY" OR "OFTEN" ON ANY OF THE ABOVE, HOW FREQUENTLY DO YOU EXPERIENCE THIS?  Daily Probably every week Probably every month Once or twice a year  TO WHAT DEGREE DOES IT DISRUPT WHAT YOU'RE DOING WHEN IT OCCURS?  I barely notice it I pause momentarily I need to stop to address it						IS?

WHAT TYPE OF ACTIVITIES cause you to become PHYSICALLY TIRED?

