

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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Heart Valves Are For Life



CHEST PAIN

- Do you ever experience chest pain or discomfort?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always
- Does exercise or activity ever bring on chest pains?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always
- Do you ever have unusual or uncomfortable heartbeats or palpitations?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always



SHORT OF BREATH

- Do you ever feel short of breath during your normal activities?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always
- Do you ever feel shortness of breath when lying down?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always
- Do you notice that you are more easily tired than you used to be?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always



LIGHTHEADED

- Are you ever concerned that you may pass out or faint?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always
- Do you ever feel dizzy?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always
- Do you ever feel lightheaded when you get up?
 - ☐ Never
 - ☐ Occasionally
 - ☐ Often
 - ☐ Always

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

WRITE IN: What specific activities cause you to feel **WINDED OR SHORT OF BREATH**?

WHAT TYPE OF ACTIVITIES cause you to become **PHYSICALLY TIRED**?

Although symptoms are not the only important clue for valve disease treatment decisions, a change in symptoms is important to discuss with your healthcare provider.