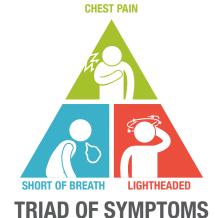
Symptom Tracker



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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	Do you ever experience chest pain or discomfort?		1	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	
	Occasionally	Always		Occasionally	Always		Occasionally	Always	
2	Does exercise or activity ever bring on chest pains?		2	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	Always		Occasionally	○ Always	
3	Do you ever have unusual or uncomfortable heartbeats or palpitations?		3	Do you notice that you are more easily tired than you used to be?			Do you ever feel lightheaded when you get up?		
	Never	Often		Never	Often		○ Never	Often	
	Occasionally	Always		Occasionally	Always		Occasionally	Always	
	IF YOU ANSWI	ERED "OCCASIONALLY" O	R "OF	TEN" ON ANY OF THE	ABOVE, HOW FREQ	UENTLY DO) YOU EXPERIENCE THI	S?	
	O Daily	O Probably every we	ek	Probably every month		Once or twice a year			
	TO WHAT DEG	REE DOES IT DISRUPT WI	_	OU'RE DOING WHEN IT I pause momentarily	OCCURS?	O I need t	o 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?

