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Heart Valve Disease Symptom Tracker

Print this document and check symptoms that apply to you, noting the frequency. Then bring it to your next appointment to review with your doctor. Track changes in symptoms and/or physical activity regularly.

| Which of the above symptoms happen most frequently? Which activities cause you to feel winded or short of breath? It's important to recheck your symptoms to determine if they are getting better or worse. Talk to your health care professional about | | | | | | |
|---|--|---------|----------------|---------|----------|--|
| | Not engaging in activities you once did | □ Never | □ Occasionally | □ Often | □ Always | |
| | Difficulty walking short distances | □ Never | □ Occasionally | ☐ Often | | |
| | Swollen ankles or feet | □ Never | □ Occasionally | ☐ Often | □ Always | |
| | Difficulty sleeping or sitting up | □ Never | □ Occasionally | ☐ Often | □ Always | |
| | Fainting | □ Never | □ Occasionally | ☐ Often | □ Always | |
| | Rapid fluttering heartbeat | □ Never | □ Occasionally | ☐ Often | □ Always | |
| | Shortness of breath | | _ | | _ | |
| | Lightheadedness or dizziness | | □ Occasionally | | □ Always | |
| | Pain, tightness or pressure in the chest | | □ Occasionally | | □ Always | |
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changes in symptoms to determine treatment.