

# Heart Valve Disease Symptoms Tracker\*

This symptoms tracker has been developed to help people who feel they may be experiencing symptoms of heart valve disease. It will help to capture your symptoms ahead of visiting your healthcare professional (HCP) - doctor or nurse.



This resource provides you with a diary that helps you to track your signs and symptoms in a quick and easy way.

Knowing your symptoms, their frequency and any associated risk factors can be a very helpful talking point when visiting your doctor or nurse. It can also help them to more easily understand the cause and severity of your symptoms.

**REMEMBER:** The symptoms of heart valve disease can be similar to the symptoms of other health issues or problems. Therefore, when sharing your symptoms diary, **it is important to ask your doctor for a heart health check up.**

## SYMPTOMS DIARY

**REMINDER:** Two weeks before your scheduled appointment, print this document and complete it to the best of your ability. The tables allow you to track your symptoms as well as the lifestyle factors that may have contributed to these. Knowledge of both your lifestyle and symptoms are equally important to your doctor or nurse as they assess you. Be sure to fill in as many days as you can.

*\*This Symptoms Tracker has been reproduced with the kind permission of Heart Valve Voice UK. It provides suggested questions and symptoms in order to help patients speak to their GP. This resource is by no way conclusive and should not be used to self-diagnose heart disease or other conditions. Updated March 2021.*

# MONDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# TUESDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# WEDNESDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# THURSDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# FRIDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# SATURDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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# SUNDAY

Symptoms	None	Mild	Moderate	Severe
Shortness of breath				
Coughing				
Chest pain				
Fatigue				
Tiredness				
Light-headedness				
Dizziness				
Feeling older than your age				
Heart palpitations				
Irregular heartbeat				
Additional symptoms (add below):				

Lifestyle factors	None	Mild	Moderate	Severe
Stress				
Anxiety				
Depression				
Exercise/activity (please indicate which type of activity you did today e.g. swimming, walking)				
Poor night's sleep /sleep deprived				
Additional factors (add below):				

Additional notes (e.g. food and liquid intake, weight loss/gain, concerns etc.)

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