

Heart Disease Symptoms Tracker*

This symptoms tracker has been developed to help people who feel they may be experiencing symptoms of heart 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 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 Symptom Tracker 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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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): | | | | |
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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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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): | | | | |
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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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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): | | | | |
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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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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): | | | | |
| | | | | |
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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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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): | | | | |
| | | | | |
| | | | | |

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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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): | | | | |
| | | | | |
| | | | | |

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 | | | | |
| Swelling in legs/ ankles/feet | | | | |
| Nausea, vomiting or stomach pain | | | | |
| Fainting or near fainting | | | | |
| Sweating | | | | |
| 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.)

MONDAY:

TUESDAY:

WEDNESDAY:

THURSDAY:

FRIDAY:

SATURDAY:

SUNDAY:
