

Symptom Tracker

This symptom tracker has been developed to help people who think they may have heart valve disease, or other cardiac conditions, prior to or during consultation periods with their doctor. This is intended to capture symptoms and potential associated factors in a convenient way that can help healthcare professionals understand your health and assist them with diagnosis.

REMEMBER

The symptoms of heart valve disease can be similar to the symptoms of other forms of heart disease or cardiac conditions. Therefore, in addition to sharing your symptoms (via this tracker), it is important to ask your doctor for a stethoscope check to listen to your heart. They will listen for a characteristic heart murmur or irregularity to determine if further diagnostic procedures or tests are needed.

If you are experiencing new, worsened, or severe symptoms of heart valve disease, it is important to immediately seek medical attention.

HOW TO USE THIS SYMPTOM TRACKER

Tracking your symptoms allows your doctor to make an informed assessment of your health, as well as helps you better communicate your symptoms.

Prior to a scheduled appointment (at least two weeks), print this document and fill it out to the best of your ability. The tables allow you to track your symptoms and any lifestyle factors that may contribute to your symptoms.

This resource is best used if you fill in details for every day and use it consistently.

NOTE: Heart Valve Voice Canada is providing suggested questions and symptoms of heart valve disease in order to help patients speak to their doctor. This resource is by no way conclusive and should not be used to self-diagnose heart valve disease or other health conditions.

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Symptoms	Did you have this symptom 6 months ago?	None	Mild	Moderate	Severe
Shortness of Breath					
Coughing					
Chest Pain					
Fatigue					
Tiredness					
Light-headedness					
Dizziness					
Heart palpitations					
Irregular heartbeat					
Feeling older than your age					
Not able or able with more difficulty to do some activities (e.g. climbing stairs, housekeeping)					
Additional symptoms (add below):					

Lifestyle Factors	Did you have this symptom 6 months ago?	None	Mild	Moderate	Severe
Stress					
Anxiety					
Depression					
Exercise/activity (please indicate which type of activity you did today)					
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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