

# Heart Valve Voice Diary of My Symptoms

This symptoms diary can help people, who think they have heart valve disease, track their symptoms to share with a doctor.

This two-week diary allows you to track any symptoms in a quick and easy way.

Your symptoms, their frequency and severity are all very helpful to share with your doctor and may enable them to more easily assess the cause and severity of your symptoms.

**REMEMBER:** The symptoms of heart valve disease can be similar to other heart diseases or problems with the lungs.

## SYMPTOMS DIARY

To help you better describe your symptoms to your doctor and to enable the doctor to make an informed assessment, it is important to track your symptoms.

Up to two weeks before your scheduled appointment, please print this document and fill it out to the best of your ability. The tables allow you to track your symptoms as well as, stress and other factors that may have affected you; both equally important when assessing the cause of your symptoms. Please fill in as many days as you can.

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

# 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
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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				
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# MONDAY

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# WEDNESDAY

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Chest pain				
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Additional symptoms (add below):				

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Chest pain				
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Light-headedness				
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