

Your Aortic Stenosis Symptom Tracker

Listen to your heart.
Know the signs.



Track your heart health and together with your
doctor, stand up to aortic stenosis.








Edwards

Your **Aortic Stenosis Symptom Tracker** has been developed to help you monitor and record your symptoms. Understanding how your aortic stenosis impacts you and your lifestyle can help your doctor more readily assess the cause, severity and progression of your aortic stenosis.

Know the signs.

These are the symptoms of aortic stenosis:⁽¹⁾

| | | | | |
|---|---|---|---|--|
|  |  |  |  |  |
| Chest pain (angina) or tightness | Rapid, fluttering heartbeat | Trouble breathing or shortness of breath | Feeling dizzy or fainting | Swollen ankles or feet |

The symptoms of aortic stenosis are often dismissed as typical signs of aging and can be difficult to differentiate without close monitoring.⁽¹⁾ You are at increased risk⁽¹⁾ with symptomatic severe aortic stenosis so it is critical to understand your heart health and to report to your doctor if your condition deteriorates.

⁽¹⁾Carabelle BA. Introduction to aortic stenosis. *Circ Res* 2013;113:179–85.

How to use this symptom tracker

1. The first time you use this tracker, you may wish to write a few sentences on the next page, which describe how you feel your aortic stenosis impacts your life.
2. Starting with Day 1, please enter today's date in the first row at the top of the page.
3. For each row in the tables (e.g. Chest pain), please click a box that applies to you.
4. Write a few sentences at the end of the day to reflect on any symptoms or activities you felt were more impacted than usual.
5. You may wish to set an alarm on your phone or device (e.g. 7pm after dinner) to remind yourself to fill in your tracker each day.
6. Try to complete at least 14 days worth of monitoring so that your doctor can have a more complete picture of your symptoms.
7. Bring this tracker with you to your next doctor's appointment. You can also use this in combination with the Doctor Discussion Guide, available on NewHeartValve.com, to help you talk with your doctor about your aortic stenosis.

Aortic stenosis impacts my life by:

Type here

Activities I enjoy but no longer do include:






Type here






Activities I would like to do again include:

Type here



Day 1 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 2 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 3 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 4 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 5 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 6 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 7 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Other changes today

Type here

Symptoms that have worsened this week:

Type here

Lifestyle factors that have worsened this week:






Type here






Other changes that affected me this week:

Type here



Day 8 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 9 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 10 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 11 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 12 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 13 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |






Other changes today

Type here



Day 14 Date

| Symptoms | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Chest pain (angina) or tightness | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Rapid, fluttering heartbeat (palpitations) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Trouble breathing or shortness of breath, especially during activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Feeling dizzy or fainting when you're tired | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Swollen ankles or feet | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| Lifestyle factors | None | Mild | Mod. | Severe |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|  Difficulty walking short distances | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Difficulty sleeping or needing to sleep sitting up | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Reduced physical activity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Stress | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  Anxiety | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Other changes today

Type here

Symptoms that have worsened this week:

Type here

Lifestyle factors that have worsened this week:

Type here

Other changes that affected me this week:

Type here

Notes

Type here

Notes

Type here

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