Symptom and Trend Tracker

Use one entry per symptom episode; use another sheet if several episodes occur in one day. Record the details when they occur rather than trying to reconstruct them later.

Safety

Stop completing the tracker if symptoms are happening now or their pattern has changed. If any emergency feature is present, call 911; do not delay to finish the form. A low score from 0 to 10, or improvement with rest or nitroglycerin, does not prove that a symptom is safe.

Entry 1

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

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Entry 2

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

Entry 3

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

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Entry 4

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

Entry 5

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

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Entry 6

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

Entry 7

Date and time:

Symptom and severity, 0 to 10:

Trigger, duration, and what relieved it:

Blood pressure or heart rate, only if instructed:

Action taken:

Prescribed rescue medicine taken and response, if applicable:

Bring this page to your appointment. Include how long each symptom lasted and whether it stopped with rest or prescribed medicine.