

PRINTABLE FLOW TOOL

Flow Tool 11: Symptom and Trend Tracker

PRINTABLE
VERSION

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.

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.

Seven-Entry Symptom and Trend Log

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.
