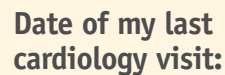


Aortic Stenosis



Today's date:

Use this worksheet to talk with your heart team about your aortic stenosis and record important information. It can help you:

- Prepare for your visits
- Keep track of your symptoms and medications
- Understand your aortic stenosis and how it will be monitored or treated
- Remember to write down key questions or concerns
- Play an active role in your care

I was told I have aortic stenosis on _____ by Dr. _____
(Date) (Doctor's Name)

My valve is narrowing or blocked because (Explain in your own words): _____

My aortic stenosis is (circle one): Mild Moderate Severe

I also have other heart problems or conditions that I am managing. These include:

Medical condition / heart disease risk factor	Treating physician	Medications you take for this condition (list drug name, dose and how often you take it)

How I'm Feeling

Your heart team will want to know how you are feeling and whether your aortic stenosis affects your life in any way. Make sure to take note of and share:

1) Any new or worsening symptoms

and

2) Whether your ability to do certain tasks has changed, perhaps because of how you feel

or

3) If you have no symptoms

In the <u>last week</u> , <u>month</u> or <u>since my last visit</u> (circle one), how often have you noticed feeling:	Not at all	Sometimes, but not often	More often than not	All of the time	Are there things that tend to trigger or make these worse (e.g., walking up stairs, eating high salt, etc.)
Chest pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Short of breath/winded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unusually tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lightheaded, dizzy or have fainted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Like your heart is racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other signs, including:					
rapid weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
swelling in your ankles/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
need to sleep sitting up/propped up with pillows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
dry cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uncomfortable or can't do certain things you used to do with ease (tell your doctor why—do you get tired, short of breath, do your legs or ankles get swollen?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Have you had any difficulties:

- ☐ Sleeping
- ☐ Exercising (not being able to do as much or for as long)
- ☐ Walking short distances
- ☐ Working
- ☐ With routine activities such as going to the grocery store, house or yard work or getting the mail
- ☐ In your relationships
- ☐ With your general outlook/mental and emotional well being
- ☐ Taking your medications

My Treatment Plan

The main goals for treating aortic stenosis are to:

- ▶ Relieve symptoms
- ▶ Prolong your life
- ▶ Improve quality of life and your ability to do usual activities
- ▶ Avoid going to the hospital

My goals for treatment are to be able to: _____

For now, my heart team has recommended that we:

	Treatment approach	Additional notes
<input type="checkbox"/>	Watch and wait to see how my aortic stenosis progresses with repeat echocardiograms and other tests	
<input type="checkbox"/>	Add or adjust medications to treat other heart disease risk factors, prevent clots or infections of the heart valve <i>(Keep an updated list of all of the medications you take, including the dosages and how often.)</i>	
<input type="checkbox"/>	Consider heart valve replacement <i>(either via open heart surgery or through a catheter procedure.)</i>	
<input type="checkbox"/>	Schedule repeat echocardiograms or other tests:	How often?
<input type="checkbox"/>	Lifestyle changes <i>(for example, a heart healthy diet low in sodium, not smoking, watching your weight, exercising per your doctor's advice, etc.)</i>	My heart team wants me to:
<input type="checkbox"/>	Other:	

Talk with your doctor about all of your options and the pros and cons different types of valve replacement. Valves are either mechanical or made of tissue.

Physical Activity/Diet

How many days a week do you exercise? _____ days/week

Would you say you eat a heart healthy diet? Yes / No (circle)

What gets in the way of getting exercise and/or eating well? _____

About My

Aortic Stenosis

Activities to Avoid

I need to limit or I have to be careful not to: _____

What Does My Latest Echocardiogram (Echo) Say About My Aortic Stenosis?

An ultrasound of your heart—called an echocardiogram—can give you and your heart team a lot of information about your AS and how your heart is working.

Ask about the results of your latest echocardiogram (or other tests) and what they mean.

Date of my echocardiogram	How bad or severe is my aortic stenosis? Is it mild, moderate or severe?	Heart function (based on your ejection fraction and other measures) Is it normal or reduced?

My Aortic Stenosis Care Schedule

	Date	Date	Date
Regular office visits			
Echocardiogram			
Other tests:			
Flu shot			
Pneumococcal vaccine			

Must Ask Questions

Think about and use the space below to write down any questions or concerns that you would like to talk with your heart team about at your next visit.

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Checklist: Testing My Aortic Stenosis Knowledge

I feel that I have a good understanding of:

- ☐ My aortic stenosis
- ☐ My medications – why and how to take each one
- ☐ What symptoms to watch for and when to report to my health care team
- ☐ Why and how often I will need to 1) see my heart team and 2) have an echocardiogram – even if I’m feeling well
- ☐ What my echocardiogram can tell me and my doctor about my aortic stenosis
- ☐ What my heart team would like me to keep track of at home (for example, weight, blood pressure, physical activity)
- ☐ Steps I can take to be heart healthier (adopting a heart healthy eating plan, knowing what exercise is right for me, not smoking, etc.)
- ☐ My options as my aortic stenosis gets worse
- ☐ Who to call in an emergency or if I feel worse before my next scheduled visit:

Contact name: _____

Phone number: _____

If there is something that is unclear to you, talk with your doctor. Your heart team can help you understand your condition, what to expect and how best to manage it.

For more information, visit CardioSmart.org.



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