

My

Mitral Regurgitation

Tracker

Your heart team will want to know how you are feeling and whether your mitral regurgitation (MR) affects your life in any way.

Date of my last cardiology visit:

Today's date:

Use this worksheet to take note of:

- 1: any new or worsening symptoms
- 2: whether your ability to do certain tasks has changed (perhaps because of how you feel) and
- 3: if you are taking your medications the right way/as prescribed

You can fill out this worksheet in between your medical visits, or print extra pages if you'd like to use it every week or once a month to help track your health. If you notice changes in how you feel, call your doctor right away.

Remember to bring this worksheet to your follow up visits. It will help to make good use of the time you have with your heart team. The information you collect on this form can help you and your heart team better manage your condition.

My symptoms

Pay attention to new or worsening symptoms and share these with your heart team at each follow up visit and in between, if needed.

In the last week/month/since my last visit (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, doing housework, eating high salt food/eating out, etc.)
<input type="checkbox"/> Short of breath (upon exertion, at night or when lying down)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Full quickly when eating/changes in your appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Your heart racing, fluttering or skipping a beat	<input type="checkbox"/>	<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"/>	
<input type="checkbox"/> Dizzy or have you fainted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other signs:					
<input type="checkbox"/> Rapid weight gain (if >2lbs in any 24 hour period or more than 3lbs in a week, call your health care provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Swelling in your ankles or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Chest pain or discomfort	<input type="checkbox"/>	<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"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I don't have any symptoms/I've been feeling good

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In the last 3-6 months/week/or since your last appointment (circle one) have you:

	Strongly disagree	Disagree	Agree	Strongly agree	If yes, how often and why?
<input type="checkbox"/> Noticed that you have cut back on or stopped doing certain activities? If so, which ones:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Had trouble sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Been more anxious or sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Felt more swollen or like you have gained weight?	<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"/>	

*Ask your health care provider when you should call in between appointments.

Keeping tabs on important numbers

There are certain health measures that can give you and your heart team a more complete picture of your MR and heart health.

In general, be prepared to share your most recent weight, blood pressure, heart rate, or other information that your doctor has asked you to keep an eye on.

Date	Weight	Blood pressure	Pulse	Other
	lbs.	mmHg	beats/min	
	lbs.	mmHg	beats/min	
	lbs.	mmHg	beats/min	
	lbs.	mmHg	beats/min	
	lbs.	mmHg	beats/min	

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?

Ask your heart team if there is anything else that you should be tracking at home.

Medications

Medications are a key part of managing MR and other conditions. Always take them as prescribed, and share an updated list of all the medicines you take — including over-the-counter medications, vitamins and supplements — with each of your health care providers.

Medication name	Who prescribed it or is it over-the-counter (OTC)?	What is it for?	Dosage and when to take it (twice a day/every 12 hours, once daily, with/without food, etc.)	Other notes (is it a new medication since your last visit, are you having side effects, do you have trouble remembering to take it, is cost an issue, etc.?)

My pharmacy and phone number: _____

Questions/concerns to discuss at my next visit:

1: _____

2: _____

3: _____

4: _____

5: _____