## Cardiomyopathy<sup>UK</sup>

## My symptom diary



#### My symptom diary

For many people with cardiomyopathy, keeping track of their symptoms is a key part of managing their condition and living well with cardiomyopathy.

'My symptom diary' has room for you to keep notes on your symptoms, as well as your key medical information. As it contains personal information you might want to keep it safe. It can be useful to keep it up to date and take it to your appointments.

Not all of the information here will be relevant for everyone, and you may not have equipment to record all of this (for example, your blood pressure). You can just fill in the information that applies to you and that you want to include. We have included some suggested scales, for example, to measure your sleep and energy levels, or you can create your own. See page 9 for more information.

#### About me

Relationship

Name	
Address	
Dhana	
Phone	
In case o	f emergency please contact:
Name	

#### My medical information

My hospital number

My NHS number My diagnosis and type of cardiomyopathy My symptoms and how they affect me My ejection fraction (if relevant) My device (If you have a pacemaker or ICD record the details of it here.) Type of device ID or serial number Settings

#### My healthcare professionals

GP
Surgery
Tel
Email
Cardiologist
Hospital
Tel
Email
Specialist nurse
Hospital
Tel
Email
Pacing clinic
Hospital
Tel
Email

Appointments – GP
Date Time
With
Where
Questions to ask at your appointments
For example, this might be about any test results, symptoms or medication you are taking.

Appointments – cardiologist
Date Time
With
Where
Questions to ask at your appointments
For example, this might be about any test results, symptoms or medication you are taking

Appointments – other  Date Time  With  Where
Questions to ask at your appointments
For example, this might be about any test results, symptoms or medication you are taking.

#### Other notes

You can use this space for any other notes.	
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#### Using the diary

This diary lists various things that might be useful to record about your condition, symptoms and lifestyle.

Some of the suggested information may not be relevant to you, or you may not be able to monitor it. There may also be other things that you want to record which aren't included. You can re-name the headings on the following pages so that they are relevant for what you want to record.

Here are some suggested ways you can record information:

- as written text (such as what exercise you have done);
- as facts and figures (such as your blood pressure or medication doses);
- as a scale using our suggested symbols such as smiley faces for mood or stars for your energy level;
- as a 'RAG' scale: R = red, A = amber, G = green (for example, for the severity of your symptoms);
- as a scale, for example 1 5 for how much your symptoms affect you; or
- any other way you would like to record this information.

Date	Symptoms (such as breathlessness, pain, palpitations, chest or swollen ankles)	Weight, fluid intake, diuretic dose	Blo pre hea	
		1	ı	

Mood: (\*\*) Sleep: ZZZ ZZ Z

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od	Energy levels /	Your	Other		
ssure /	activities	mood	details you		
rt rate	(exercise,	and/or	want to		
	walking)	sleep	include		
		1			
	<u> </u>	<u> </u>			
Energy levels:					

breathlessness, pain, intake, diuretic p				
	Date	breathlessness, pain, palpitations, chest or	intake, diuretic	Blo pre hea
4 I I				

od ssure / art rate	Energy levels / activities (exercise, walking)	Your mood and/or sleep	Other details you want to include
Energy	levels:		* *





Date	Symptoms (such as breathlessness, pain, palpitations, chest or swollen ankles)	Weight, fluid intake, diuretic dose	Blo pre hea	

Mood: 14

od ssure / art rate	Energy levels / activities (exercise, walking)	Your mood and/or sleep	Other details you want to include
Energy	levels:		

breathlessness, pain, intake, diuretic p				
	Date	breathlessness, pain, palpitations, chest or	intake, diuretic	Blo pre hea
4				

Mood: Sleep: ZZZ ZZ Z

	_				
od	Energy levels /	Your	Other		
ssure /	activities	mood	details you		
rt rate	(exercise,	and/or	want to		
	walking)	sleep	include		
		<u> </u>			
Грания	En avery loyales A A A				
Energy	Energy levels:				
	. ,	·	17		

Date	Symptoms (such as breathlessness, pain, palpitations, chest or swollen ankles)	Weight, fluid intake, diuretic dose	Blo pre hea
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18

od ssure / irt rate	Energy levels / activities (exercise, walking)	Your mood and/or sleep	Other details you want to include
Energy	levels:		* *

breathlessness, pain, intake, diuretic				
	Date	breathlessness, pain, palpitations, chest or	intake, diuretic	Blo pre hea

Mood: Sleep: ZZZ ZZ Z 20

od ssure / art rate	Energy levels / activities (exercise, walking)	Your mood and/or sleep	Other details you want to include
Energy	levels:		* *







breathlessness, pain, intake, diuretic p				
	Date	breathlessness, pain, palpitations, chest or	intake, diuretic	Blo pre hea
4				

Mood: Sleep: ZZZ ZZ Z

od ssure / art rate	Energy levels / activities (exercise, walking)	Your mood and/or sleep	Other details you want to include
Energy	levels:		* *







# My medication

Use this space to write down details of all of your medication for cardiomyopathy, as well as any you take for other reasons. You can add any side effects you are having, or anything else you want to make a note of.

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Side effects or other notes			
Dose and when you take it			
Type of medication	For example a beta blocker or diuretic		
Name of medication	For example bisoprolol or spironolactone		

### Other ways to monitor your health

There are lots of tools for monitoring your symptoms and managing your health condition. These include the following.

Activity trackers - using wireless technology, these record your heart rate along with daily activities such as walking and climbing stairs. Examples include FitBits, Garmin and Misfit. Visit www.which.co.uk/Fitness-Trackers for a review of different types of tracker.

**Kardia Mobile from AliveCor** - a device which can measure medical information, including ECGs, via an Apple or Android smartphone. *Visit www.alivecor.com for more information*.

Health and fitness Apps - these can be used on smartphones and tablets. Some include information you add manually, and some hold details of medical information (such as your 'in case of emergency' contacts).

Search your phone or tablet for settings, or the Apple App Store or Google Play for Android.

#### Summary of terms

**AED** – an automated external defibrillator, that detects abnormal heart rhythms and gives an electric shock to get the heart back into a normal rhythm.

**Arrhythmia** – abnormal heart rhythms (such as atrial fibrillation and heart block).

**ECG** – a test that uses small electrodes to look at the heart's rate and rhythm, by recording its electrical activity.

**Echo** – a scan that looks at the structure and function of the heart using ultrasound (high frequency sound waves).

**Ejection fraction** – the amount of blood that is pumped out of the heart when it contracts, compared to the amount of blood within the heart. It is one way of assessing how well the heart is working. This is usually used for people with dilated cardiomyopathy.

**ICD** (implantable cardioverter defibrillator) – a form of treatment used to monitor the heart rhythm and give an electric shock to the heart if it detects a dangerous rhythm.

**Pacemaker** – a device that helps the heart to beat in a normal rhythm.

Quotes in **purple** are from other people with cardiomyopathy about what they find helpful.

This diary was written with help from people living with cardiomyopathy who tested it and gave us feedback. It also contains tips from people about what helps them to manage their condition. We are grateful for their comments and insights.

If you have any comments about this diary and how we can improve it please email us: contact@cardiomyopathy.org

#### Contact us

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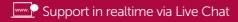
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You can find us at www.cardiomyopathy.org







We rely on donations to fund our work supporting people affected by cardiomyopathy. For details about supporting us, go to our website.

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