List of Symptoms Associated With the Management of Heart Failure

SYMPTOMS	FREQUENCY OF SYMPTOMS				
	Never	Sometimes	Often	Every Day	Not Applicable
Hypotension (blood pressure ≤90/60 mmHg)	☐	☐	☐	☐	☐
Orthostatic Hypotension (low blood pressure that happens when standing after sitting or lying down)	☐	☐	☐	☐	☐
Fatigue / Weakness / Low Energy	☐	☐	☐	☐	☐
Low Heart Rate (≤50 BPM)	☐	☐	☐	☐	☐
Light-headed (dizziness) **/ Vertigo**	☐	☐	☐	☐	☐
Cold Extremities (cold hands and feet)	☐	☐	☐	☐	☐
Dyspnea (shortness of breath or difficulty breathing)	☐	☐	☐	☐	☐
Depression / Emotional Lability (marked fluctuation in mood) / **Nightmare**	☐	☐	☐	☐	☐
Decreased Libido	☐	☐	☐	☐	☐
Nausea	☐	☐	☐	☐	☐

Additional questions :

1. Have you noticed any changes in your symptoms since your last medical visit?

   ☐ Deterioration ☐ Improvement ☐ No change

   - If there have been any changes in your symptoms, do you think these are related to:

     ☐ Your medication (Specify) : _____

     ☐ Your condition (Specify) : _____

     ☐ Other (Specify) : _____

2. Would you like to discuss your symptoms with your healthcare professional?

   ☐ Yes ☐ No

To be completed by the healthcare professional

Have the symptoms been addressed with the patient?

☐ Yes ☐ No

- If yes, specify what actions have been taken:

  _____

  _____

  _____

Follow-Up of the Optimization of Medication for the Management of Heart Failure

TITRATION STATUS (Select only 1 per drug class)	**MEDICATION CLASS**				
	ACEi/ARB ARNI	**Beta Blocker**	**MRA**	**SGLT2 inhibitor**	**I_f inhibitor**
No Indication	☐	☐	☐	☐	☐
Contraindicated *Reason(s) :*	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____
Not Tolerated *Reason(s) :*	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____
Ongoing Titration	☐	☐	☐	☐	☐
Maximum Tolerated Dose Achieved *Reason for Suboptimal Dose :*	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____
Guidelines Target Dose Achieved	☐	☐	☐	☐	☐

Titration Completed *(dd/mm/yyyy)*	_____	_____	_____	_____	_____

Additional Notes :

_____

_____

_____