

List of Symptoms Associated With the Management of Heart Failure

SYMPTOMS	FREQUENCY OF SYMPTOMS				
	Never	Sometimes	Often	Every Day	Not Applicable
Hypotension (blood pressure $\leq 90/60$ 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 :

- 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) : _____
- 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 <i>Reason(s) :</i>	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____
Not Tolerated <i>Reason(s) :</i>	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____
Ongoing Titration	☐	☐	☐	☐	☐
Maximum Tolerated Dose Achieved <i>Reason for Suboptimal Dose :</i>	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____	☐ _____ _____
Guidelines Target Dose Achieved	☐	☐	☐	☐	☐

Titration Completed (dd/mm/yyyy)	_____	_____	_____	_____	_____
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Additional Notes :
