Date of visit _____ First name _____ Last name _____
mm/dd/yyyy

How are you feeling?

This symptom tracker can help you monitor your symptoms. Use this list to have a meaningful conversation with your health care professional about how you're feeling physically, mentally, and emotionally. If you notice any changes in your health, let your doctor know right away.

Check your symptoms from this list and rate the severity of the symptom you are experiencing from 1 to 10, where 1 is mild and 10 is severe. If you are experiencing severe symptoms, please visit your local emergency department and let your doctor know right away.

	MILD 1	2	3	4	5	6	7	8	9	SEVERE 10
 FEELING TIRED	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
 TROUBLE SLEEPING	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐ Propping up head to sleep				☐ Waking up at night because of shortness of breath					
 SHORTNESS OF BREATH	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	☐ Walking up an incline or stairs				☐ Bathing/cooking/cleaning					
	☐ Walking any distance				☐ At rest (upright)					
 DRY COUGH	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
 CONFUSION	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
 SWELLING IN FEET, ANKLES, LEGS, AND ABDOMEN	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Do you have any questions or notes for your health care professional?

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Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

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