

Chronic angina checklist

Before each visit to your cardiologist, complete this Chronic Angina Checklist. Print it and bring it with you. Bring the report from the Angina Symptom Tracker, too. Share how angina is affecting your quality of life.

1. In the past month, how many times have you had angina?

none

1-4

5-8

9 or more

2. Have you cut back or totally given up any activities or work because of your angina?

yes

no

If so, what?

3. Do you ever have angina while:

resting

dressing or bathing

walking at an ordinary pace

walking uphill or quickly

climbing stairs

working around the house or in the yard

feeling stressed

having sex

moving heavy objects

in hot or cold weather

eating large meals

smoking cigarettes

other times

4. How much has angina affected your quality of life?

not at all

a little

somewhat

a lot

very much

1

2

3

4

5

5. Has angina affected your family life?

yes

no

If so, how?

6. Is there anything else you would like to talk with your doctor about?
(check all that apply)

treatment side effects

other:

diet and exercise

other treatments



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