

Keeping track of symptoms and how AFib affects your life

You will have regular heart checkups and testing to see how you are doing and if any treatments need to be changed.

Use this worksheet in between your health visits to help track how you are feeling, symptoms, as well as the ways atrial fibrillation (AFib) might be limiting your ability to do certain activities. Bring this, and a copy of your current medication list, with you to each visit.

Date: _____

Since my last visit, overall have felt:

- Better
- Worse
- About the same
- Different - in what way(s)? _____

In general, I've had more **good** / **bad** / **worse** days. (Circle one)



Not everyone has symptoms or knows when they are "in AFib" instead of a normal heart rhythm.

Have you had any:

	Yes	No	If yes, when and for what reason(s)?
Visits to the emergency department or urgent care	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of excess bleeding (blood in urine or stool, nose bleeds, easy bruising)	<input type="checkbox"/>	<input type="checkbox"/>	
Falls	<input type="checkbox"/>	<input type="checkbox"/>	

Symptoms

Since my last visit, I felt or have had:

	Never	Seldom/ not very often	Sometimes	Often	Always	What were you doing at the time?
Palpitations or fluttering heart						
Heart palpitations (heart may feel like it's flip-flopping, racing, beating harder or unevenly)						
Shortness of breath						
Feeling overly tired						
Chest pain or tightness (during exercise or at rest?) _____						
Dizziness						
Feeling faint, weak						
Swelling or puffiness in legs, ankles or feet						
Weight gain						
Other: _____ _____						

I haven't had or noticed any symptoms.

How AFib limits what you're able to do or enjoy

In what ways, if any, does AFib affect your daily activities or tasks?

Since my last visit, I have noticed that AFib - or worries about having an episode - limits these activities or parts of my daily life:

	Never	Seldom/ not very often	Sometimes	Often	Always
Working (fulfilling job responsibilities)					
Being able to exercise					
Doing housework					
Being social					
Sleeping					
Being intimate					
Making travel or other plans					
Other: _____ _____ _____					

Anything else that you'd like to remember to discuss with your care team?

Emotional/mental health

On a scale from 0 to 10, how stressed or anxious have you been feeling?

Not at all stressed or anxious

I've never felt more stressed or anxious

0	1	2	3	4	5	6	7	8	9	10
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On a scale from 0 to 10, how sad or depressed have you been feeling?

Not sad at all

The worst sadness I've felt, nothing cheers me up

0	1	2	3	4	5	6	7	8	9	10
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Do you think that you could use more support for your emotional/mental health?

- Yes
- No
- I haven't thought about it

Related notes:

Who or what activities help you cope or help to boost your spirits?

Anything else that is worrying you that you would like to remember to discuss?

(For example, medication costs, getting to medical visits, how to best monitor your heart rhythm)

If you keep track of your heart rate, blood pressure or any other health measure, be sure to share this information with your care team, too.