

Do you experience any of the following symptoms?	Has your quality of life been impacted? How?			
☐ Irregular heartbeat or palpitations ☐ Chest discomfort ☐ Fatigue ☐ Shortness of breath ☐ Weakness ☐ Dizziness	<ul> <li>What does your family history look like?</li> <li>Do you have a family history of heart disease?</li> <li>Do you have a family history of AFib?</li> </ul> Have you had a heart attack? Have you ever been diagnosed with the following? <ul> <li>Heart abnormality from birth</li> <li>Damage to the heart structure from a</li> </ul>			
□ Dizziness				
Have you seen any specialists for your symptoms?				
How long have you been experiencing the symptoms above? How often do they occur?	heart attack			
	☐ Heart valve problem			
What is the severity of these symptoms?	What medications are you currently taking?			

Do you currently take heart rhythm control medication or heart rate control medication?

How long have you been on those?

Do they keep getting worse?

regular daily activities?

Are any of your symptoms keeping you from your



NOTES			

Always consult your doctor with questions about AFib, symptoms, or best treatment options.

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