

AFIB Symptom Tracker

Atrial Fibrillation, or AFIB, symptoms can appear and worsen over time. It is important to track and discuss changes in your symptoms with your physician. Make sure to compare your answers every 6 months.

DATE SYMPTOMS CHECKED

MONTH / DATE / YEAR

NEXT CHECKUP DATE

MONTH / DATE / YEAR



Unusual Heartbeats

Do you experience pounding or racing heartbeats while performing a normal activity?

- Never Often
 Occasionally Always

Have you noticed that exercise or rigorous activity leads to abnormal heart rhythm?

- Never Often
 Occasionally Always

Do you ever feel unusual or uncomfortable heartbeats?

- Never Often
 Occasionally Always



Shortness of Breath

Do you ever experience shortness of breath during your day to day activities?

- Never Often
 Occasionally Always

When lying down, do you ever experience shortness of breath?

- Never Often
 Occasionally Always

Do you experience fatigue more frequently?

- Never Often
 Occasionally Always



Feelings of Dizziness

Do you have any concern that you may pass out or faint?

- Never Often
 Occasionally Always

Do you ever feel dizzy at abnormal times?

- Never Often
 Occasionally Always

Do you ever feel lightheaded when you stand up?

- Never Often
 Occasionally Always

If you answered “Occasionally” or “Often” for any of the questions, how frequently do you experience the symptom(s)?

- Daily
 Probably every week
 Probably every month
 Once or twice a year

When the symptom(s) occur(s), how much does it disrupt what you are doing?

- Barely notice it
 Pause for a moment
 Need to stop

What specific activities make you feel winded or short of breath?

What activities have caused you to feel physically tired?
