

Some people with AF don't experience any signs while others will experience a range of different symptoms and others may find their AF worsens over time. This means that AF symptoms can develop over time.

Keeping track of your AF (including change in the type of symptoms, their severity and how often you experience them) is incredibly useful as you can share this information with your healthcare team.

Understanding these symptoms and their impact on your everyday life will help your doctor recommend and discuss the most appropriate treatment options for your condition. The aim will be to get these symptoms under control and to ensure your AF is managed effectively.

What are the most common symptoms of Atrial Fibrillation?



65%
Palpitations

50%
Fatigue

43%
Shortness of
breath

30%
Malaise



19%
Dizziness

12%
Anxiety

12%
Chest pain

5%
Other



OVER
50% of AF PATIENTS
have a reduced ability to exercise

How to use this symptom tracker?

- Are you experiencing any of the above symptoms? Keep track of them by using this tracker.
- Complete this tracker every time you are experiencing an episode or before you go to see your doctor.
- Fill out the date for every new entry so that you can compare your answers over time.
- Download this interactive PDF and fill it out on your computer or print it and fill it out manually.
- Print your completed symptom tracker to discuss with your healthcare team during your next doctor appointment.

For MORE INFORMATION related to Atrial Fibrillation, please visit

getsmartaboutafib.eu



I took this test on:



Palpitations

Do you ever experience palpitations?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	



Shortness of breath

How often do you experience shortness of breath?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	
Do you ever experience shortness of breath when resting?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	



Chest Pains

Do you ever experience chest pains?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	



Dizziness

Do you ever feel dizzy?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	
Do you ever feel that you may pass out or faint?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	



Fatigue/ Tiredness

Do you feel fatigued or extra tired?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	



Anxiety

Do you have any feelings of anxiety?	Never	Occasionally*	*If answered occasionally or often daily every week every month once or twice a year
	Often*	Always	

Impact on everyday life

If any, which symptoms are interrupting your everyday activities, which means you have to stop what you were doing?

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