Screening Questions

Checklist to evaluate your patient's clinical risk factors:

Get smart about AFIB

1. Has anyone in your family been diagnosed with AF? ○ YES ○ NO
2. Do you have obstructive sleep apnea? ○ YES ○ NO
3. Do you have high blood pressure or take medication to treat hypertension? ○ YES ○ NO
4. Do you have diabetes, or do you take medication to keep your blood sugar under control? ○ YES ○ NO
5. Has your doctor ever treated you for hyperthyroidism? ○ YES ○ NO
6. Have you had a heart attack, surgery on your chest, or other cardiovascular conditions? ○ YES ○ NO
7. Your healthcare provider may have used the terms myocardial infarction, coronary artery disease, peripheral artery disease, or cardiothoracic surgery to describe these conditions. ○ YES ○ NO
8. Has a doctor ever told you that you have heart valve disease, or have you had a heart valve repaired or replaced? ○ YES ○ NO
9. Has a doctor ever diagnosed you with heart failure? ○ YES ○ NO

For MORE INFORMATION related to Atrial Fibrillation, please visit **GETSMARTABOUTAFIB.EU**

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