

Atrial Fibrillation: Frequency Tracker

Date and Time of Symptom	Chest Discomfort	Racing Heartbeat	Irregular Heartbeat	Palpitations (Heart Skipping a beat)	Dizziness	Fainting	Lightheadedness	Shortness of Breath	Fatigue	Difficulty Sleeping
	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:	Severity: Duration:
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For each symptom listed across the top, please note the date and time it occurred in the first column. Under the symptom, please note how severe the symptom was (the “Severity”) as **mild**, **moderate** or **severe**. Please also note how long the symptom lasted (the “duration”) – example: seconds, minutes, hours or all day.