## **Atrial Fibrillation:** Symptom Frequency Tracker



Symptom	Chest Discomfort	Racing Heartbeat	Irregular Heartbeat	Palpitations (Heart Skipping a beat)	Dizziness	Fainting	Lightheadedness	Shortness of Breath	Fatigue	Difficulty Sleeping
How often does it occur? (daily, weekly, monthly)										
When did it occur? (include DATE & time of day)										
Was it related to an activity? What activity?										
How long did it last? (seconds, minutes, hours, days)										
How bad were the symptoms? (mild, moderate or severe)										

## **Atrial Fibrillation:** <u>Frequency Tracker</u>



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:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:
	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:
	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:
	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:
	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:
	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:
	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:
	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:
	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:	Severity:
	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:	Duration:

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.