



SecondsCount Afib Tracker

You know how atrial fibrillation feels to you, but can you describe it to someone else? Are you able to remember how your last Afib episode felt? Is it getting better or worse? Are the episodes happening more or less often? Are they lasting longer? Tracking how your Afib is changing can help you and your medical team develop the right treatment plan for you.

We invite you to use the table here to record the details about your Afib. Print as many copies as you need, fill them out and share your findings with your medical team.

Date & Time of Afib	What were you doing before the Afib started? (Check or write in as many of the choices that apply)	Estimate how long your Afib lasted. (Check or write in the best choice)	How did your Afib feel? (Check or write in the best description)	Did you count your heart rate? (If so, check or write in the number of beats per minute during the Afib)
	<input type="checkbox"/> I had been drinking coffee/tea/soda/energy drinks/other caffeine. <input type="checkbox"/> I had been drinking alcohol. <input type="checkbox"/> I was exercising or doing physical activity. <input type="checkbox"/> I was having sex. <input type="checkbox"/> I had recently taken medications, supplements or other drugs. <input type="checkbox"/> Other trigger: _____	<input type="checkbox"/> Less than 10 seconds <input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-5 minutes <input type="checkbox"/> 6-30 minutes <input type="checkbox"/> 30 minutes-2 hours <input type="checkbox"/> All day <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flutter <input type="checkbox"/> Palpitation <input type="checkbox"/> Racing heart <input type="checkbox"/> Light-headed/dizzy <input type="checkbox"/> Chest pain <input type="checkbox"/> Chest pressure <input type="checkbox"/> Short of breath <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than 60 beats/minute <input type="checkbox"/> 60-80 beats/minute <input type="checkbox"/> 80-100 beats/minute <input type="checkbox"/> 100-130 beats/minute <input type="checkbox"/> More than 130 beats/minute <input type="checkbox"/> Other: _____
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Please print this list of questions. Take them with you to the doctor, and share them with friends and loved ones when you are encouraging them to see their doctors.



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