

My AFib episode notes

Record what you noticed for a clinician discussion. Symptoms alone do not confirm AFib.

Date: _____

1. Timing and source

Start time (or estimate): _____

End time / still ongoing / unknown: _____

Source: symptoms, device reading or clinician: _____

2. What I noticed

Symptoms, in my own words: _____

Effect on what I was doing: _____

3. Readings and context, if available

Reading, unit, time and device: _____

Sleep, activity or other context: _____

Medicine taken: name, dose and time: _____

An observation is not proof of a trigger. No symptom entry does not mean no AFib.

4. What I want to ask / what my care team told me

Follow the plan your clinician gave you. Do not delay care to finish this sheet.

You can leave fields blank. This is a personal record, not a complete medical record.

Personal notes, not a diagnosis. Never change medication based on this sheet.

If you think you are having a medical emergency, call 911 or your local number.

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