American Heart Association.

AFib:
Partnering in Your Treatment

StopAfib.org

Take this sheet with you to your appointment and discuss the following with your health care team.

How serious is my AFib?

How does my AFib stage and type affect my treatment options?

In what ways does AFib increase my health risks?

Do I have other health concerns that may increase my risks?

What are my treatment goals?

With my treatment plan, what should I expect?

How will I know I'm making progress?

What are my medication options?

Should I take medications for AFib?

What should I expect from medications?

What will happen if I don't take medications?

Do I need to make lifestyle changes?

Should I change any of the following to reduce my risks?

- ☐ Blood pressure
- ☐ Blood sugar
- ☐ Body weight
- ☐ Eating and drinking
- ☐ Physical activity
- ☐ Sleep
- ☐ Smoking
- ☐ Other _____

Notes:

Are there other treatment options?

What are other possible options?

When should they be considered?

The American Heart Association and StopAfib.org are collaborating to support those living with atrial fibrillation.

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