

Doylestown Health – Afib Quality of Life Survey
 NOT PART OF THE MEDICAL RECORD -For informational purposes only

PATIENT NAME OR LABEL

RETURN COMPLETED SURVEYS TO THE HEART CENTER

SECTION 1: OCCURRENCE OF ATRIAL FIBRILLATION

Are you currently in atrial fibrillation? No Yes

→ If No, when was the last time you were aware of having had an episode of atrial fibrillation:

Earlier today Within the past month More than 1 year ago
 Within the past week 1 month to 1 year ago I was never aware of having atrial fibrillation

SECTION 2: THE FOLLOWING QUESTIONS REFER TO HOW ATRIAL FIBRILLATION AFFECTS YOUR QUALITY OF LIFE

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH WERE YOU BOTHERED BY:

	NOT AT ALL BOTHERED OR I DID NOT HAVE THIS SYMPTOM	HARDLY BOTHERED	A LITTLE BOTHERED	MODERATELY BOTHERED	QUITE A BIT BOTHERED	VERY BOTHERED	EXTREMELY BOTHERED
1. Palpitations: Heart fluttering, skipping or racing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Irregular heart beat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A Pause in Heart Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Lightheadedness or Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER THE **PAST 4 WEEKS**, HAVE YOU BEEN LIMITED BY YOUR ATRIAL FIBRILLATION IN YOUR:

	NOT AT ALL LIMITED	HARDLY LIMITED	A LITTLE LIMITED	MODERATELY LIMITED	QUITE A BIT LIMITED	VERY LIMITED	EXTREMELY LIMITED
5. Ability to have recreational pastimes, sports, and hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Ability to have a relationship and do things with friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH DIFFICULTY HAVE YOU HAD IN:

	NO DIFFICULTY AT ALL	HARDLY ANY DIFFICULTY	A LITTLE DIFFICULTY	MODERATE DIFFICULTY	QUITE A BIT OF DIFFICULTY	A LOT OF DIFFICULTY	EXTREME DIFFICULTY
7. Doing any activity because you felt tired, fatigued, or low on energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Doing physical activity because of shortness of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking briskly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking briskly uphill or carrying groceries or other items, up a flight of stairs without stopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Doing vigorous activities such as lifting or moving heavy furniture, running, or participating in strenuous sports like tennis or racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION, HOW MUCH DID THE FEELINGS BELOW BOTHER YOU?

	NOT AT ALL BOTHERED	HARDLY BOTHERED	A LITTLE BOTHERED	MODERATELY BOTHERED	QUITE A BIT BOTHERED	VERY BOTHERED	EXTREMELY BOTHERED
13. Feeling worried or anxious that your atrial fibrillation can start anytime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Feeling worried that may worsen other medical conditions in the long run	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVER THE **PAST 4 WEEKS**, AS A RESULT OF YOUR ATRIAL FIBRILLATION TREATMENT, HOW MUCH WERE YOU BOTHERED BY:

	NOT AT ALL BOTHERED	HARDLY BOTHERED	A LITTLE BOTHERED	MODERATELY BOTHERED	QUITE A BIT BOTHERED	VERY BOTHERED	EXTREMELY BOTHERED
15. Worrying about the treatment side effects from medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Worrying about complications or side effects from procedures like catheter ablation, surgery, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Worrying about side effects of blood thinners such as nosebleeds, bleeding gums when brushing teeth heavy bleeding from cuts, or bruising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Worrying or feeling anxious that your treatment interferes with your daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OVERALL, HOW SATISFIED ARE YOU **AT THE PRESENT TIME** WITH:

	EXTREMELY SATISFIED	VERY SATISFIED	SOMEWHAT SATISFIED	MIXED WITH SATISFIED AND DISSATISFIED	SOMEWHAT DISSATISFIED	VERY DISSATISFIED	EXTREMELY DISSATISFIED
19. How well your current treatment controls your atrial fibrillation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The extent to which treatment has relieved your symptoms of atrial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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