Atrial Fibrillation (AFib) Patient Questionnaire

1. When did you first develop AFib? Month _______________ Year ______

2. This section will ask a series of questions about the longest time you have stayed in AFib (ignore brief periods of normal rhythm after failed cardioversion). Please check or fill in all applicable blanks.

   a) AFib always lasts less than one week ______

      If you’ve never been in AFib more than a week, how does your AFib stop? Check all applicable.

      ______ I always come out on my own

      ______ Sometimes I get an electrical cardioversion

      ______ Sometimes I get IV medicines in the emergency room or hospital

      Please list if you know the medicine names:

      __________________________

      __________________________

      ______ I take pills to bring me out (“pills in the pocket”)

      Please list if you know the names:

      __________________________

      __________________________

   b) Longest episode of AFib lasted longer than one week but less than one year ______

      a. If between 1 week and 1 year how long was the longest episode (ignore brief periods of normal rhythm after failed cardioversion)? ______

   c) Longest episode of AFib lasted longer than one year ______

      a. If longest episode was more than one year how many years (ignore brief periods of normal rhythm after failed cardioversion)? ______
3. Have you ever had an electrical cardioversion? ______ yes ______ no
   If you have had an electrical cardioversion how many have you had? ______

4. Have you ever had an ablation or electrophysiology procedure? ______ yes ______ no
   If yes what type of a procedure did you have? ________________________________
   Where was the procedure done? ___________________________ When was it done? ________

5. Have you taken any of the following drugs for your arrhythmias? Check all applicable.
   ______ Amiodarone (same as Cordarone, Nexterone, Pacerone)
   ______ Propafenone (same as Rythmol)
   ______ Flecainide (same as Tambocor)
   ______ Sotalol (same as Betapace, Sorine)
   ______ Quinidine (same as Quinaglute)
   ______ Dofetilide (same as Tikosyn)
   ______ Procainamide (same as Pronestyl, Procan-SR, Procanbid)
   ______ Disopyramide (same as Norpace)
   ______ Dronedarone (same as Multaq)

6. Have you taken any of the following medicines? Check all applicable.
   ______ Beta blockers such as:
     ______ Propranolol (same as Inderal)
     ______ Metoprolol (same as Toprol, Lopressor)
     ______ Atenolol (same as Tenormin)
     ______ Carvedilol (same as Coreg)
     ______ Nadolol (same as Corgard)
     ______ Acebutolol (same as Sectral)
     ______ Bisoprolol (same as Zebeta)
     ______ Bucindolol (same as Bextra)
Nebivolol (same as Bystolic)

Pindolol (same as Visken)

Labetalol (same as Trandate)

Calcium Channel Blockers such as:

- Verapamil (same as Calan, Isoptin, Verelan, Covera)
- Diltiazem (same as Cardizem, Cartia, Diltia, Dilacor, Taztia)
- Digoxin (same as Lanoxin, Digitek)
- Aspirin
- Coumadin (same as Warfarin)
- Pradaxa (same as dabigatran)
- Thyroid medications (such as Levothyroxine, Synthroid, Levoxyl, Cytomel)
- Statins for high cholesterol such as:
  - Atorvastatin (same as Lipitor)
  - Lovastatin (same as Mevacor, Altoprev, Altocor)
  - Simvastatin (same as Zocor)
  - Pravastatin (same as Pravachol)
  - Fluvastatin (same as Lescol)
  - Rosuvastatin (same as Crestor)
- Ace Inhibitors, ARB's and Other Heart Medications such as:
  - Benazepril (same as Lotensin)
  - Captopril (same as Capoten)
  - Enalapril (same as Vasotec)
  - Fosinopril (same as Monopril)
  - Lisinopril (same as Prinivil, Zestril)
6. Moexipril (same as Univasc)
   Perindopril (same as Aceon)
   Quinapril (same as Accupril)
   Ramipril (same as Altace)
   Trandolapril (same as Mavik)
   Olmesartan (same as Benicar, Benicar HCT)
   Irbesartan (same as Avapro, Avalide)
   Valsartan (same as Diovan, Diovan HCT)
   Losartan (same as Cozaar, Hyzaar)
   Candesartan (same as Atacand, Atacand HCT)
   Eprosartan (same as Teveten, Teveten HCT)
   Telmisartan (same as Micardis, Micardis HCT)

7. Have you ever had a stroke? ______ yes ______ no or TIA (transient ischemic event)? ______ yes ______ no

8. Have you ever had?
   ______ a diagnosis of coronary heart disease
   ______ heart bypass
   ______ heart stent or angioplasty
   ______ previous heart attack
   ______ heart valve problems (if checked explain) ________________________________
   ______ high blood pressure
   ______ diabetes
   ______ sleep apnea
   ______ emphysema, asthma or COPD
   ______ thyroid disease

9. Do you have a pacemaker ______ yes ______ no or defibrillator ______ yes ______ no?