### How serious is my AFib?

In what ways does AFib increase my health risks?

______________________________

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

______________________________

Notes: _________________________

______________________________

### What are my medication options?

Should I take medications for AFib?

______________________________

What should I expect from medications?

______________________________

______________________________

Notes: _________________________

______________________________

What will happen if I don't take medications?

______________________________

______________________________

______________________________

______________________________

Notes: _________________________

______________________________

### Are there other treatment options?

What are other possible options?

______________________________

When should they be considered?

______________________________

______________________________

Notes: _________________________

______________________________

### Do I need to make lifestyle changes?

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

- [ ] Eating habits
- [ ] Physical activity
- [ ] Stop smoking
- [ ] My weight
- [ ] Sleep habits
- [ ] Other _________________________

Notes: _________________________

______________________________

### What are my treatment goals?

With my treatment plan, what should I expect?

______________________________

How will I know I'm making progress?

______________________________

______________________________

Notes: _________________________

______________________________

Notes: _________________________

______________________________

Notes: _________________________