

Experiencing **palpitations,** **feeling faint** **or short of breath?**

Your Heart in Your Hands *Checklist*

The Heart Rhythm Checklist is designed to help you and your doctor determine whether or not you suffer from a heart rhythm disorder.

A heart rhythm disorder (cardiac arrhythmia) is when the heart beats too quickly, too slowly or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening.

During an arrhythmia, the heart may not be able to pump enough blood to the body. Lack of blood flow can damage the brain, heart, and other organs.

Palpitations, feeling faint/fainting or shortness of breath could be symptoms of a heart rhythm disorder.

Symptoms alone do not mean you have a heart rhythm disorder, however, if your symptoms are persistent or uncomfortable, talk to your doctor.

Complete the Checklist and share it with your doctor if you suffer with any of the symptoms.



Your Heart in Your Hands



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Preparing your own CHECKLIST

When completing this checklist, provide as many details as possible about your symptoms. If you have a friend or family member who has been with you whilst you have experienced your symptoms, it may be useful to ask for their help to complete the form.

Name:

1. List any medication(s) you are currently taking:

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2. What symptoms do you experience?

(Tick as appropriate)

- Palpitations
- Shortness of breath
- Fatigue
- Loss of consciousness/fainting
- An increase in stress level
- Chest pain

3. How frequently do you experience your symptoms? (Tick as appropriate)

- Daily
- Weekly
- Every one to two weeks
- Once a month or less frequently

4. Does anything trigger your symptoms?

(Tick more than one if appropriate)

- Alcohol
- Anxiety
- Being very hot
- Caffeine
- Exercise
- Flashing lights
- Going from sitting or lying to standing
- Lack of sleep
- Not eating
- Pain or a fright
- Standing for a long time
- Stress
- No trigger
- Other (give details below)

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5. Before you experience your symptoms, do you have any warning signs? (Tick as appropriate)

- Breathlessness
- Light-headedness
- Nausea
- Palpitations
- Racing pounding heart
- Sweating
- No warning signs
- Other (give details below)

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6. Medical and Family History

Have you been investigated for a heart rhythm disorder before?

- Yes No

Have you ever been admitted to hospital with what was thought to be a heart related problem?

- Yes No

Are there any heart conditions or other diseases that you are aware of in your family?

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Has anyone ever died unexpectedly at a young age (under 45 years) in your family? What was the cause?

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7. Lifestyle

At times when you are not experiencing symptoms, are you able to climb up stairs and walk up a hill or carry out other types of normal everyday exertion?

- Yes No

If not, what stops you?

Please remember this checklist provides general guidelines only. Share with your doctor when discussing your symptoms.