Atrial Fibrillation Impact Questionnaire (AFI)

The following questions ask about how often your atrial fibrillation or irregular heartbeat might have affected your life over the **past 7 days**. Through the questionnaire we refer to atrial fibrillation or irregular heartbeat as 'your heart condition'.
Please mark with an "X" how you were affected. Please choose only one box per question.

IN THE PAST 7 DAYS…	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**Hardly any of the time**	**None of the time**
1. I did not sleep well because of my heart condition	☐	☐	☐	☐	☐	☐	☐
2. I was worried that my heart condition might shorten my life	☐	☐	☐	☐	☐	☐	☐
3. I felt anxious because of my heart condition	☐	☐	☐	☐	☐	☐	☐
4. I had less energy because of my heart condition	☐	☐	☐	☐	☐	☐	☐
5. I felt annoyed because of my heart condition	☐	☐	☐	☐	☐	☐	☐
6. I felt stressed because of my heart condition	☐	☐	☐	☐	☐	☐	☐
7. I had to walk slowly because of my heart condition	☐	☐	☐	☐	☐	☐	☐
8. I felt tired because of my heart condition	☐	☐	☐	☐	☐	☐	☐
9. I woke up during the night because of my heart condition	☐	☐	☐	☐	☐	☐	☐
10. I performed daily activities slowly because of my heart condition	☐	☐	☐	☐	☐	☐	☐
11. I worried about my health because of my heart condition	☐	☐	☐	☐	☐	☐	☐
12. I felt worn out because of my heart condition	☐	☐	☐	☐	☐	☐	☐

13. I had difficulty falling asleep at night because of my heart condition	☐	☐	☐	☐	☐	☐	☐
14. I felt nervous because of my heart condition	☐	☐	☐	☐	☐	☐	☐
15. I felt depressed because of my heart condition	☐	☐	☐	☐	☐	☐	☐
16. I had to rest during the day because of my heart condition	☐	☐	☐	☐	☐	☐	☐
17. I could not be as physically active as I wanted to be because of my heart condition	☐	☐	☐	☐	☐	☐	☐
18. I worried that my heart condition might get worse	☐	☐	☐	☐	☐	☐	☐