Thank you for completing this short questionnaire so we can know more about you.

1. What is your age?
   - 30 – 34
   - 40 – 44
   - 50 – 54
   - 60 – 64
   - 35 – 39
   - 45 – 49
   - 55 – 59
   - 65 or older

2. What is your gender?
   - Male
   - Female
   - Prefer not to respond

3. What is your race?
   - American Indian or Alaska Native
   - White
   - Asian
   - Other (specify): ______________________
   - Black or African American
   - Prefer not to respond
   - Native Hawaiian or Other Pacific Islander

4. What is your ethnicity?
   - Hispanic or Latino
   - Not Hispanic or Latino
   - Prefer not to respond

5. What is the highest degree or level of school you have completed?
   - 8th grade or equivalent or less
   - Associate degree (for example, AA, AS)
   - Some high school (9th to 12th grade)
   - Bachelor’s degree (for example, BA, BS)
   - High school diploma or equivalent
   - Master’s degree (for example, MBA, MA)
   - Some college credit
   - Doctorate or professional degree (for example, MD, PhD)

6. What is your marital status?
   - Single, never married
   - Divorced
   - Married or domestic partnership
   - Separated
   - Widowed

PLEASE CONTINUE TO THE NEXT PAGE
7. For your employment status, are you:

☐ Employed full-time
☐ A student
☐ Employed part-time
☐ Military
☐ Out of work and looking for work
☐ Retired
☐ Out of work but not currently looking for work
☐ Unable to work
☐ A homemaker

8. What is the primary language spoken in your home?

☐ English  ☐ Spanish  ☐ Other (specify): ______________________

9. When did you receive your first official diagnosis of atrial fibrillation?

☐ Less than 1 year ago  ☐ 5 years ago or more but less than 10 years
☐ 1 year ago or more but less than 2 years  ☐ More than 10 years ago
☐ 2 years ago or more but less than 5 years

10. Have you ever taken medicine (blood thinners) to reduce your risk of stroke?

☐ Yes  ☐ No → skip to question #12

11. Which medicine(s) have you taken? (Check all that apply)

☐ Aspirin
☐ Warfarin (Coumadin)
☐ Other FDA-approved anticoagulants such as dabigatran (Pradaxa), rivaroxaban (Xarelto), apixaban (Eliquis), or edoxaban (Savaysa)
☐ Another drug
☐ I don’t remember the name of the drug

12. What is your CHA₂DS₂-VASc score? (See StopAFib.org pocket card to calculate your score)

|__________|

Thank you.