

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

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**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?**

- 8<sup>th</sup> grade or equivalent or less     Associate degree (for example, AA, AS)  
 Some high school (9<sup>th</sup> to 12<sup>th</sup> 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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Employed full-time                             | <input type="checkbox"/> A student      |
| <input type="checkbox"/> Employed part-time                             | <input type="checkbox"/> Military       |
| <input type="checkbox"/> Out of work and looking for work               | <input type="checkbox"/> Retired        |
| <input type="checkbox"/> Out of work but not currently looking for work | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> 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?**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 1 year ago                      | <input type="checkbox"/> 5 years ago or more but less than 10 years |
| <input type="checkbox"/> 1 year ago or more but less than 2 years  | <input type="checkbox"/> More than 10 years ago                     |
| <input type="checkbox"/> 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 CHA<sub>2</sub>DS<sub>2</sub>-VASc score? (See StopAFib.org pocket card to calculate your score)**

| \_\_\_\_\_ |

**Thank you.**