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

1. What is your age?
   - □ 25 – 34
   - □ 35 – 44
   - □ 45 – 54
   - □ 55 – 64
   - □ 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 your specialty?
   - □ Cardiologist
   - □ Primary physician
   - □ Electrophysiologist
   - □ Other (specify): ________________________________

6. How long have you treated patients with atrial fibrillation?
   - □ Less than 1 year
   - □ 1 year or more but less than 2 years
   - □ 2 years or more but less than 5 years
   - □ 5 years or more but less than 10 years
   - □ More than 10 years

7. Approximately how many patients with atrial fibrillation do you currently treat?
   - □ None
   - □ 1 – 10
   - □ 11 – 25
   - □ 26 – 50
   - □ 51+