Demographic Questionnaire – Providers

FGD ID #: _____
PIN: _____

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
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (specify): _____
- ☐ Prefer not to respond

4. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to respond

5. What is your specialty?

- ☐ Cardiologist
- ☐ Electrophysiologist
- ☐ Primary physician
- ☐ 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+