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| 1. For patients with AF who have left ventricular hypertrophy (>1.4 cm)…

Which AAD drug do you most commonly use in each of these patient sub-groups? [Select one drug per column]*Select one drug per column* | COLUMNS:1. First onset AF (unclassified)
2. Paroxysmal AF
3. Persistent AF
4. Mixed paroxysmal and persistent
5. Long-standing persistent AF
6. Permanent AF

ROWS: (short drug list)1. Amiodarone
2. Dronedarone
3. Flecainide
4. Propafenone
5. Sotalol
6. Dofetilide (US only)
7. Other AAD, please specify \_\_\_\_\_\_

None |
| In what % of your patients with paroxysmal or persistent AF do you use the “pill-in-the-pocket approach”, as opposed to a daily AAD regimen?*Type in %* | COLUMNS:1. Paroxysmal AF
2. Persistent AF

ROWS:1. Minimal or no heart disease
2. Structural heart disease
 |
| When you use “pill-in-the-pocket”, do you:*Please select one* | 1. Use it without rate control
2. Use it only in patients taking regular rate control therapy
3. Add rate control medication to the “pill-in-the-pocket” therapy
 |
| Which rate control therapy do you prefer to use with “pill-in-the-pocket” therapy?*Please select one* | 1. Beta-blockers
2. CCBs
3. Digitalis glycosides
 |
| Which AAD drug(s) do you use for the “pill-in-the-pocket” approach?*Please select all that apply* | COLUMNS:1. Minimal or no heart disease
2. Structural heart disease

ROWS: (short drug list)1. Amiodarone
2. Dronedarone
3. Flecainide
4. Propafenone
5. Sotalol
6. Dofetilide (US only)
7. Other, please specify \_\_\_
 |
| What arrhythmia frequency seems appropriate to you to use the “pill-in-the-pocket” approach?*Please select one* | 1. About once a month or more
2. Once every 2–3 months
3. Every 4–6 months
4. Every 7–12 months
5. Yearly or more
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