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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 |