Appendix C

Questionnaire

Please answer the following True or False questions to the best of your knowledge; if you are unsure of the answer leave the answer space blank. The aim of this questionnaire is to assess your understanding of the atrial fibrillation ablation you are about to undergo. Your responses to this quiz will be used to facilitate the development of improved educational tools for future patients undergoing this procedure.

1. ___ F ___ Atrial fibrillation ablation will decrease my risk of stroke compared to my current therapy.

2. _ F (T if HF) _ Atrial fibrillation ablation will decrease my risk of death compared to my current therapy.

3. ___ F ___ Atrial fibrillation ablation will allow me to come off my blood thinner (i.e. Warfarin/Coumadin, Eliquis, Plavix, Xarelto).

4. ___ T ___ The 3-year success rate after 1 ablation procedure is about 50%.

5. ___ F ___ Atrial fibrillation ablation will decrease my risk of cardiac arrest compared to my current drug therapy.

6. ___ T ___ Up to 35% of patients go back into atrial fibrillation within two weeks of having an ablation.

7. ___ T ___ Atrial fibrillation ablation may improve my symptoms of atrial fibrillation which might include palpitations, chest discomfort, shortness of breath, lightheadedness, and fatigue.

8. ___ T ___ Atrial fibrillation ablation may improve my quality of life.

9. ___ T ___ Many patients undergo a repeat ablation because the first ablation failed.

10. ___ T ___ Even if my ablation fails, there is a 30% chance my symptoms improve without undergoing a redo procedure.

Please rate the following questions on a score of 1-5 using the following key:
1 (disagree), 2 (somewhat disagree), 3 (neither agree nor disagree), 4 (somewhat agree), 5 (agree)

11. _____ I feel that I was a part of my own medical decision-making process.

12. _____ I believe that while the doctor recommended an atrial fibrillation ablation, I was the one who ultimately made the decision to undergo this procedure.

13. _____ I believe the informational materials that were provided to me during my office visit aided my understanding of the atrial fibrillation ablation procedure.

14. _____ I believe the informational materials that were provided to me during my office visit helped me to better engage in a meaningful conversation about this procedure with my physician.

15. _____ I believe the informational materials that were provided to me during my office visit helped me better participate in my own medical decision-making process.

Patient number: ***
Appendix C

Age ___________________ I prefer not to respond

Gender (circle)

Male       Female       Other ___________________ I prefer not to respond

Race/Ethnicity (circle)

White/non-Hispanic
Black/non-Hispanic
Hispanic or Latino
Asian/Pacific Islander
Native American or American Indian
Other __________________
I prefer not to respond

Highest level of education (circle)

Less than High School
Completed High School
Some College, no degree
Associate degree
Bachelor’s degree
Post-graduate Degree
I prefer not to respond

Patient number: ***