Association between subjective risk perception and objective risk estimation in atrial fibrillation patients: a cross-sectional study.

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Supplemental material

Supplemental tables

Part I: To be completed by the patient
1) How do you judge the risk of stroke without anticoagulation? a) Low b) Intermediate c) High d) Very high
2) How do you judge the efficacy of the proposed therapy? How strong is the effect of anticoagulation to avoid a stroke? a) Low b) Intermediate c) High d) Very high
3) The bleeding risk depends on comorbidities. How to you judge the risk of severe haemorrhagic complications within one year? a) Low b) Intermediate c) High d) Very high
4) How do you judge the disadvantages of treatment? How do you think increases the risk of severe haemorrhage if you take your medication appropriately? a) Low b) Intermediate c) High d) Very high

5) Would you discontinue anticoagulation therapy if minor bleedings would occur (e.g. haematoma, epistaxis, gum bleeding)
   a) Yes
   b) No
   c) I don't know

6) What do you fear more: stroke or bleeding complications?
   a) Stroke
   b) Bleeding
   c) I don't know

7) How do judge your general level of information regarding the disease "Atrial fibrillation" and the proposed therapy?
   a) Good
   b) Okay
   c) Improvable
   d) Bad

Part II: To be completed by the physician

1) Demographics
   a) Age (years):
   b) Gender: female/male
   c) Education: compulsory school/apprenticeship/vocational school/grammar school/vocational school with higher entrance qualification/university of applied sciences/university of general sciences

2) Planned type of anticoagulation
   a) Vitamin K antagonist (VKA)
   b) NOAC

c) Low molecular weight heparin

d) Combination with antiplatelet

3) CHA_2DS_2-VASc score

a) C = Congestive heart failure / LV dysfunction

b) H = Hypertension

c) A_2 = Age ≥ 75 years

d) D = Diabetes mellitus

e) S_2 = Stroke/TIA/thrombo-embolism

f) V = Vascular disease

g) A = Age 65-74 years

h) S = Sex category (i.e. female sex)

4) HAS-BLED Score

a) H = Uncontrolled hypertension (systolic blood pressure > 160 mmHg)

b) A = Abnormal renal function (presence of chronic dialysis or renal transplantation or serum creatinine ≥200 mmol/L) or abnormal liver function (chronic hepatic disease [e.g. cirrhosis] or biochemical evidence of significant hepatic derangement [e.g. bilirubin 2 x upper limit of normal, in association with aspartate aminotransferase/alanine aminotransferase/alkaline phosphatase .3 x upper limit normal]) (1 point each)

c) S = Stroke

d) B = Bleeding (previous bleeding history and/or predisposition to bleeding, e.g. bleeding diathesis, anaemia)

e) L = Labile INRs (unstable/high INRs or poor time in therapeutic range [e.g. < 60%])

f) D = Drugs or alcohol (concomitant use of drugs, such as antiplatelet agents, non-steroidal anti-inflammatory drugs, or alcohol abuse) (1 point each)

Supplemental table S1. Questionnaire (English translation). LV: left ventricle; TIA: transitory ischaemic attack; INR: international normalized range

Patients per centre	
LKH Feldbach, Department of Internal Medicine	36 (40%)
Medical University of Graz, Division of Cardiology	18 (20%)
BHB Graz-Marschallgasse, Department of Internal Medicine	9 (10%)
KH Elisabethinen Graz, Department of Internal Medicine	8 (9%)
LKH Feldbach, Department of Neurology	6 (7%)
LKH Fürstenfeld, Department of Internal Medicine	5 (6%)
LKH Hartberg, Department of Internal Medicine	5 (6%)
BHB Graz-Eggenberg, Department of Internal Medicine	2 (2%)
Zweiker, MD, General Practitioner	2 (2%)
Highest completed education (ISCED level)	
Lower secondary education (2)	32 (35%)
Upper secondary vocational education (3B)	25 (28%)
Upper secondary general education (3A)	8 (9%)

Upper secondary vocational education (3C)	4 (4%)
Tertiary general education (5A)	3 (3%)
Post-secondary non-tertiary vocational education (4A)	2 (2%)
Tertiary vocational education (5A)	1 (1%)

Supplemental table S2. Demographics of included patients. ISCED: International Standard Classification of Education.