



Q.1 modifiable risk factors

Which of the following modifiable risk factors for Atrial Fibrillation do you feel are well understood amongst clinicians?

Q.2 OE on Q1

Why do you say this?/Do you have any comments?

Q.3 risk factors explained - scale

How well do you feel that the modifiable risk factors that can put a person at risk of developing Atrial Fibrillation are explained to people at risk?

[On a scale from 0 = 'not at all' to 10 = 'completely'].

Q.4 OE on Q2

How could this be improved?

Q.5 effective diagnosis pathways

Do you think Scotland has effective pathways for diagnosis of Atrial Fibrillation?

Q.6 OE on Q3

Why do you say this?/Do you have any comments?

Q.7 how diagnose AF

What methods do you use to diagnose Atrial Fibrillation?

Q.8 Practical barriers to diagnosis

What are the practical barriers to diagnosing Atrial Fibrillation?

Q.9 AF screening

How might an Atrial Fibrillation Screening programme work?

Q.10 How well understand

Generally, how well do you feel that people diagnosed with Atrial Fibrillation understand their condition?

[On a scale from 0 = 'not at all' to 10 = 'completely'].

Q.11 useful resources

What resources are useful in explaining the condition at diagnosis?

Q.13 Key challenges

What are the key challenges around treatment and care of people living with Atrial Fibrillation?

Q.14 patient review

How are people with an existing Atrial Fibrillation diagnosis reviewed in your practice?

Don't know/

Q.15 examples best practice

Can you give examples of best practice in Atrial Fibrillation treatment and care?

Q.16 AF guidelines

Which guidelines relating to Atrial Fibrillation treatment do you follow?

Q.17 responsibility coordination

Who should be responsible for co-ordinating care of people living with AF?

Q.18 OE on coordination

Why do you say this?/ Do you have any comments?

Q.19 mechanisms

What mechanisms exist for the needs and experiences of people with Atrial Fibrillation to be considered within clinical decision making at individual and strategic levels?

Q.21 Absent QoF

How should the health profession measure the number of people diagnosed with Atrial Fibrillation and receiving appropriate treatment in the absence of QoF?

Q.22 good use of data

Please give examples of good use of patient data to improve diagnosis, care and treatment with specific reference to Atrial Fibrillation

Q.23 Barriers to using data

What are the barriers to using data to improve Atrial Fibrillation diagnosis, care and treatment?