Atrial Fibrillation Effect on Quality-of-life (AFEQT™) Questionnaire
Instruction and Scoring Manual
TABLE OF CONTENTS

1. Purpose ................................................................................................................. 3
2. What is the AFEQT questionnaire................................................................. 3
3. Administration of the AFEQT questionnaire.................................................3
4. Scoring the AFib QoL Questionnaire..............................................................3
   4.1 General Scoring Information.........................................................................3
   4.2 Overall AFEQT score......................................................................................3
   4.3 Subscales scores.............................................................................................4
   4.4 Interpretation.................................................................................................4
1. Purpose
The purpose of this document is to provide information on administration and scoring of the Atrial Fibrillation Effect on Quality-of-life (AFEQT) questionnaire.

2. What is the AFEQT questionnaire?
The AFEQT questionnaire is an atrial fibrillation-specific health-related quality of life (HRQoL) questionnaire designed to be used in different clinical settings including clinical research, survey studies, or clinical practice to assess the impact of atrial fibrillation on patients’ HRQoL and possibly assess changes with treatment.

3. Administration of the AFEQT questionnaire
The AFEQT was developed as a self-administered questionnaire. The completion of the instrument should take about 5 minutes.

It is required that each respondent be capable of reading and understanding English. If a respondent cannot read English, he/she will not be able complete the questionnaire.

In a clinic or doctor’s office setting, the AFEQT questionnaire should ideally be administered prior to seeing and/or being examined by a physician to ensure patients’ responses would not be influenced by physicians’ evaluation, unless the patient is newly diagnosed. If other questionnaires are to be administered at the same time, the AFEQT should be completed FIRST so that answers to other questionnaires do not influence the responses to the AFEQT.

All respondents should be encouraged to answer each question. If the respondent asks for clarification of a particular item, read the question to the subject verbatim. If the respondent still asks for clarification, explain to him or her that he/she should use his/her own interpretation of the question.

4. Scoring the AFEQT Questionnaire

4.1 General Scoring Information
The responses on the AFEQT are scored on a 1 to 7 Likert scale, where for questions 1-18, 1 = “Not at all...” to 7 = “Extremely...”. Questions 19-21 relate to patients’ satisfaction with treatment and are not included in HRQoL score of the AFEQT questionnaire.

4.2 Overall AFEQT score
Calculation of the AFEQT score is calculated based on the following formula:

Overall AFEQT score:
100 - (sum of severity for all questions answered - number of questions answered) X 100
(total number questions answered X 6)
4.3 Subscales scores
Subscale scores are computed similarly to the overall score from each subscale used to generate its own score.

The 18 questions are grouped into 3 functional subscales as described below:

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>1, 2, 3, and 4</td>
</tr>
<tr>
<td>Daily Activities</td>
<td>5, 6, 7, 8, 9, 10, 11, and 12</td>
</tr>
<tr>
<td>Treatment Concern</td>
<td>13, 14, 15, 16, 17, and 18</td>
</tr>
</tbody>
</table>

Questions 19, 20, and 21 regarding satisfaction with health care providers and with treatment are not included in the overall AFEQT score and are each calculated and scored independently. Computation of raw scores for questions 19, 20, and 21 are transformed as follows:

<table>
<thead>
<tr>
<th>Raw Scale 1-7</th>
<th>Transformed Scale 0-100</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>83.3</td>
</tr>
<tr>
<td>3</td>
<td>66.7</td>
</tr>
<tr>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>5</td>
<td>33.3</td>
</tr>
<tr>
<td>6</td>
<td>16.7</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

4.4 Interpretation
Overall or subscale scores range from 0 to 100. A score of 0 corresponds to complete disability (or responding “extremely” limited, difficult or bothersome to all questions answered), while a score of 100 corresponds to no disability (or responding “not at all” limited, difficult or bothersome to all questions answered).

For example, if a patient answered all “1” for the Symptoms subscale, the subscale score would be $100 - \left\{ \frac{(4 - 4)}{4} \times 6 \right\} \times 100 = \left\{ \frac{0}{36} \right\} \times 100 = 100$ or patient has no disability.

Conversely, if a patient answered all “7” for the Symptom subscale, the subscale score would be $100 - \left\{ \frac{(28 - 4)}{4} \times 6 \right\} \times 100 = \left\{ \frac{24}{24} \right\} \times 100 = 0$ or patient is extremely limited.

For Satisfaction questions, if a patient answered “1” for how well her current treatment controls her atrial fibrillation, the transformed score would be 100 or patient is extremely satisfied with current treatment.