This is a Sample version of the

Atrial Fibrillation Effect on Quality-of-life (AFEQoL) KIT

The full version of the AFEQoL-Kit comes without ‘sample’ watermark.

The full complete AFEQoL-Kit includes –

- AFEQoL Scoring Software
- AFEQoL Scoring/ Administration instructions (4 pages)
- AFEQoL Complete Questionnaire/Assessment (2 pages)
- AFEQoL Clinical Validity (29 pages)

The complete AFEQoL-Kit comes packaged in Zip format ready for download.

Buy full version here -  Buy now  for $7.00

Clicking the above buy now button will take you to the PayPal payment service website in which you can pay via credit card or your optional PayPal account.

Once you have paid for your item you will receive a direct link to download your full complete e-book instantly. You will also receive an email with a link to download your e-book. Each purchased product you order is available to download for 24 hours from time of purchase. Should you have any problems or enquiries please contact - info@agedcaretests.com

To see more assessments tests and scales go to - www.agedcaretests.com
Development and Validation of the Atrial Fibrillation Effect on QualiTy-of-Life (AFEQT) Questionnaire in Patients With Atrial Fibrillation

John Spertus, MD, MPH; Paul Dorian, MD, MSc; Rosemary Bubien, RN, MSN; Steve Lewis, PhD; Donna Godejohn, BSN; Matthew R. Reynolds, MD, MSc; Dhanunjaya R. Lakireddy, MD; Alan P. Wimmer, MD; Anil Bhandari, MD; Caroline Burk, PharmD, MS

Background—Atrial fibrillation (AF) has a deleterious impact on health-related quality-of-life (HRQoL), but measuring this outcome is difficult. A comprehensive, validated, disease-specific questionnaire to measure the spectrum of QoL domains affected by AF and its treatment is not available. We developed and validated a 20-item questionnaire, Atrial Fibrillation Effect on QualiTy-of-life (AFEQT), in a 6-center, prospective, observational study.

Methods and Results—Factor analyses established 4 conceptual domains (Symptoms, Daily Activities, Treatment Concern, and Treatment Satisfaction) from which individual domain and global scores were calculated. Participants from 6 centers completed the AFEQT at baseline, at month 1, and at month 3. Psychometric analyses included internal consistency and known-group validity. Test-retest reliability was assessed by comparing 1-month changes in scores among those with no change in therapy. Effect size was used to assess responsiveness after intervention. Among 219 patients age 62±11.9 years, 94% completed the AFEQT at baseline and 3 months; 66% had paroxysmal, 24% persistent, 5% longstanding persistent, and 5% permanent AF. Internal consistency was >0.88 for all scales. Lower AFEQT scores were observed with increased AF severity, categorized as asymptomatic, mild, moderate and severe, respectively: 71.2±20.6, 71.3±19.2, 57.9±19.0, and 42.0±21.2. Intraclass correlations for Overall, Symptoms, Daily Activities, Treatment Concern, and Satisfaction scores were 0.8, 0.5, 0.8, 0.7, and 0.7, respectively. Changes in 3-month scores were larger after ablation than with pharmacological adjustments, and both were greater than those observed in stable patients.

Conclusions—This initial validation of AFEQT supports its use as an outcome in studies and a means to clinically follow patients with AF. (Circ Arrhythm Electrophysiol. 2011;4:15-25.)

Key Words: atrial fibrillation ■ health-related quality of life ■ development ■ questionnaire ■ arrhythmia ■ validation

Atrial Fibrillation (AF) is the most common cardiac arrhythmia, affecting more than 5.6 million people in the United States and with a projected prevalence of 15.9 million by 2050.1 Although stroke prevention, rate, and rhythm control are important goals of AF treatment, minimizing symptoms, physical limitations, and the quality-of-life (QoL) decrements associated with AF are equally important.2 A measurement tool to accurately and reliably quantify the effect of AF on patients’ QoL would be useful for both clinical and research purposes. Although some symptom scales exist, there is currently no validated, comprehensive, disease-specific measure to quantify the impact of AF and its treatment on the full spectrum of patients’ health status, including their symptoms, function, and QoL among English speakers.3–8

Clinical Perspective on p 25

To address this gap, we developed a novel disease-specific health status instrument, the Atrial Fibrillation Effect on QualiTy-of-life (AFEQT) questionnaire, to explicitly measure patients’ perceptions of their symptoms, functional impairment, treatment concerns, and satisfaction with treatment. By adhering to the strict methodological criteria established by the Food and Drug Administration in its draft recommendations for patient-reported outcomes,9 we captured patients’ perspectives on the most important manifes-
tations of AF in their lives and prospectively validated the AFEQoL instrument, establishing its reproducibility in stable patients and its sensitivity to clinical change, or responsiveness, in patients undergoing therapeutic interventions. AFEQoL is intended as a tool that could reflect the impact of AF from patients’ perspectives, provide an outcome measure for use in clinical trials and serve as a means for quantifying and improving the quality of AF treatment.10

Methods

Development of the AFEQoL: Item Generation (Phase I) and Reduction/Refinement (Phase II)

A detailed description of the initial development of AFEQoL is provided in the online-only Data Supplement. In brief, the AFEQoL tool was developed based on a literature review of the QoL of patients with AF and interviews with patients and clinical experts to generate 117 potentially important candidate questions and to create a conceptual framework for how the clinical manifestations of AF impact the lives of patients. To assess AF patients’ perceptions of the importance of each potential item, the list was administered to 148 AF patients with a rating questionnaire that provided 5 responses, ranging from “not important” (1) to “extremely important” (5). An open-ended response item was also included so patients could add issues that were not included on the original list. After distilling the potential number of questions down to 42 (online-only Data Supplement), cognitive interviews were conducted 1:1 with 12 patients to ensure that the questionnaire’s instructions, questions, and response options were easy to understand and answer. Revisions to wordings and responses were then incorporated and an additional 12 patients were interviewed to confirm the clarity and comprehensiveness of the instrument.

Overview of Study Design to Establish the Psychometric Properties of the AFEQoL Questionnaire

An overview of the study design is shown in Figure 1. To establish the validity, reliability, and responsiveness of the AFEQoL questionnaire, we planned to prospectively enroll a sample of 60 patients in 3 subgroups of AF patients, based on our expectations of their changes in health status. We thus recruited patients who we expected to be relatively stable, those we thought would have a small improvement in their symptoms, and a group in whom we anticipated a more substantial change in their clinical status. Specifically, group 1 (patients who were not expected to have a change in their treatment; the stable group) included stable patients with no planned changes in their treatment; group 2 (patients expected to have, on average, a small improvement) was composed of patients having a planned adjustment to their AF medications; and group 3 (patients expected to experience a relatively large change in their health status) were those planning to undergo AF ablation. Because there were no estimates of means or standard deviations for the AFEQoL tool, sample size was defined by the collective experience of the authors and no formal power calculations could be created. If patients’ “planned” treatment strategy changed before the follow-up assessment, these patients were switched into the appropriate treatment group before scoring or analyzing their results. For example, if at time of enrollment, a patient was scheduled to have an ablation (group 3), but the procedure was postponed beyond the 3-month follow-up, the patient was switched to group 1.

Each patient completed a battery of existing instruments, as described below, to better refine the AFEQoL instrument and to determine the validity, reliability, and responsiveness of the final questionnaire. For groups 2 and 3, questionnaires were completed before any changes in AF treatment. For all study groups, questionnaires were also completed at 1 and 3 months after the initial visit. In addition to the questionnaires, demographic and medical history data of enrolled patients were collected at baseline. Patients and physicians also completed an Atrial Fibrillation Global Change Form at month 3 to provide a global assessment of the change in patients’ AF status over the course of observation. Each institution’s ethics review board for protection of human subjects approved the study protocol.

Establishing the Validity of the AFEQoL Questionnaire

Procedures and Participants

We prospectively recruited patients from one Canadian and 5 US sites between August 2008 and July 2009. English speaking adults with documented paroxysmal, persistent, longstanding persistent, or permanent AF mirroring the frequency and type of AF reported in clinical practice were eligible to participate. Definitions of AF type were those of the 2007 HRS/EHRA/ECAS Expert Consensus Atrial Fibrillation Criteria (online-only Data Supplement Table 1A). Patients were approached to participate at the time of their scheduled...
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 to 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.

...
**Atrial Fibrillation Effect on Quality-of-life (AFEQoL) Questionnaire**

**Section 1. Occurrence of atrial fibrillation**

Name or ID: ______________________

Are you currently in atrial fibrillation?  □ Yes  □ No

If No, when was the last time you were aware of having had an episode of atrial fibrillation?  (Please check one answer which best describes your situation)

- __earlier today__
- __within the past week__
- __within the past month__
- __1 month to 1 year ago__
- __more than 1 year ago__
- __I was never aware of having atrial fibrillation__

**Section 2. The following questions refer to how atrial fibrillation affects your quality of life.**

**On a scale of 1 to 7, over the past 4 weeks, as a result of your atrial fibrillation, how much were you bothered by:**  (Please circle one number which best describes your situation)

<table>
<thead>
<tr>
<th></th>
<th>Not at all bothered</th>
<th>Hardly bothered</th>
<th>A little bothered</th>
<th>Moderately bothered</th>
<th>Quite a bit bothered</th>
<th>Very bothered</th>
<th>Extremely bothered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Palpitations: Heart fluttering, skipping or racing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Irregular heart beat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>A pause in heart activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Lightheadedness or dizziness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

This is the end of the sample AFEQoL questionnaire. Please go to page 1 to purchase the full complete AFEQoL-Kit.