Electronic Supplementary Material 1 – Questionnaire

# General information

1. Name
2. Date of birth
3. Gender
4. E-mail address

# Use of NOAC

1. Which NOAC do you use?
* *apixaban (Eliquis®)*
* *dabigatran (Pradaxa®)*
* *edoxaban (Lixiana®)*
* *rivaroxaban (Xarelto®)*
1. What was the start date of the NOAC? *Date field*
2. What was the indication for the NOAC? *Open text field*
3. Do you use concomitant medication? *Open text field*

# Adverse drug reactions

1. Did you experience one or more adverse drug reactions during the use of the NOAC?

*Open text field*

When an adverse drug reaction is reported:

1. What was the start date of the adverse drug reaction?
2. Did the adverse drug reaction lead to one of the following situations?
* *(prolongation of) hospitalization*
* *Life-threatening events*
* *Death*
* *Disabling events*
* *Congenital abnormalities*
1. Did you recover from the adverse drug reaction?
* *Yes, I recovered from the adverse drug reaction*
* *The adverse drug reaction is less outspoken but I am not completely recovered yes*
* *No, I did not recover from the adverse drug reaction*
* *Unknown*
1. Were there any changes to the use of the NOAC due to the adverse drug reaction?
* *No, there was no change to the use of the NOAC*
* *The NOAC was discontinued*
* *The dose of the NOAC was decreased*

In following questionnaires, it was asked if the patient still uses the NOAC. For adverse drug reactions that were not recovered, the current status was asked. In addition, patients could add new adverse drug reactions.