Study sample selection procedure

The sample consisted of 3014 randomly chosen individuals, representative for Polish general, noninstitutionalized population aged 65+. Multistage, stratified and clustered sampling procedure was used.

During the first stage of the sampling procedure, 59 strata were created by dividing each of 16 provinces (voivodships) into up to four categories of municipalities: villages, towns with population: <50 000, 50 001–200 000 and over 200 000. The final number of strata was lower that theoretically possible 64 because not in all provinces municipalities of the highest population category existed. The number of respondents to draw in each stratum was set proportional to size of its population aged 65+.

During the second stage of sampling, individual municipalities were drawn in each of previously defined strata separately, with the probability proportional to the population size of municipality. In total, 137 municipalities were selected from the complete list of 3118 Polish municipalities. Finally, each municipality was divided into territorial clusters of approximately similar population size. Then the clusters were randomly selected in each municipality. The clustering was aimed to lower the cost of the study.

The third stage of sampling procedure was selecting individual respondents within previously drawn clusters. The sampling frame consisted of all individuals living in selected clusters, aged 65+. recorded in the PESEL database (national registry covering all Polish citizens). In each of age categories (65–69, 70–74, 75–79, 80–84, 85–89 and 90+ years) similar numbers of men and women were selected. This resulted in oversampling of older age groups. This was done to ensure that the size of the final subsample of the eldest subjects will be enough for separate analyses. The oversampling was corrected at the stage of statistical analysis with weights, to get population estimates.

For each of the 3000 participants another 9 subjects living in the same cluster were drawn. These "spare" addresses were used only if the address of primarily chosen subject was incorrect or an individual refused to take part in the study.

Inability to answer the questionnaire by patients (i.e., because of dementia) did not exclude them from the study. In such cases, caregivers or close family members were asked to provide information. This was done to avoid selection bias towards healthier part of the population. Patients with already diagnosed AF were included. The only exclusion criterium was lack of patient's consent or extremely rare situation of local environment potentially dangerous for the study nurse.

There were attempts to contact 10 425 respondents. Among them 7429 cases were eligible to participate. The remaining 2996 cases were confirmed invalid or outdated addresses (542), subject deceased before contact attempt (357), was away during study period (281) or nurse was unable to contact patient despite three attempts (1816). The final number of the interviewed patients was 3014, resulting in response rate of about 41%. The group of non-respondents consisted of subjects who refused to take part in the study (3602), whose family refused (742), or did not participate from other reasons (71). Long-term e monitoring was performed in the final sample of adults aged ≥65 years (n = 3 014) (*Figure S1*).
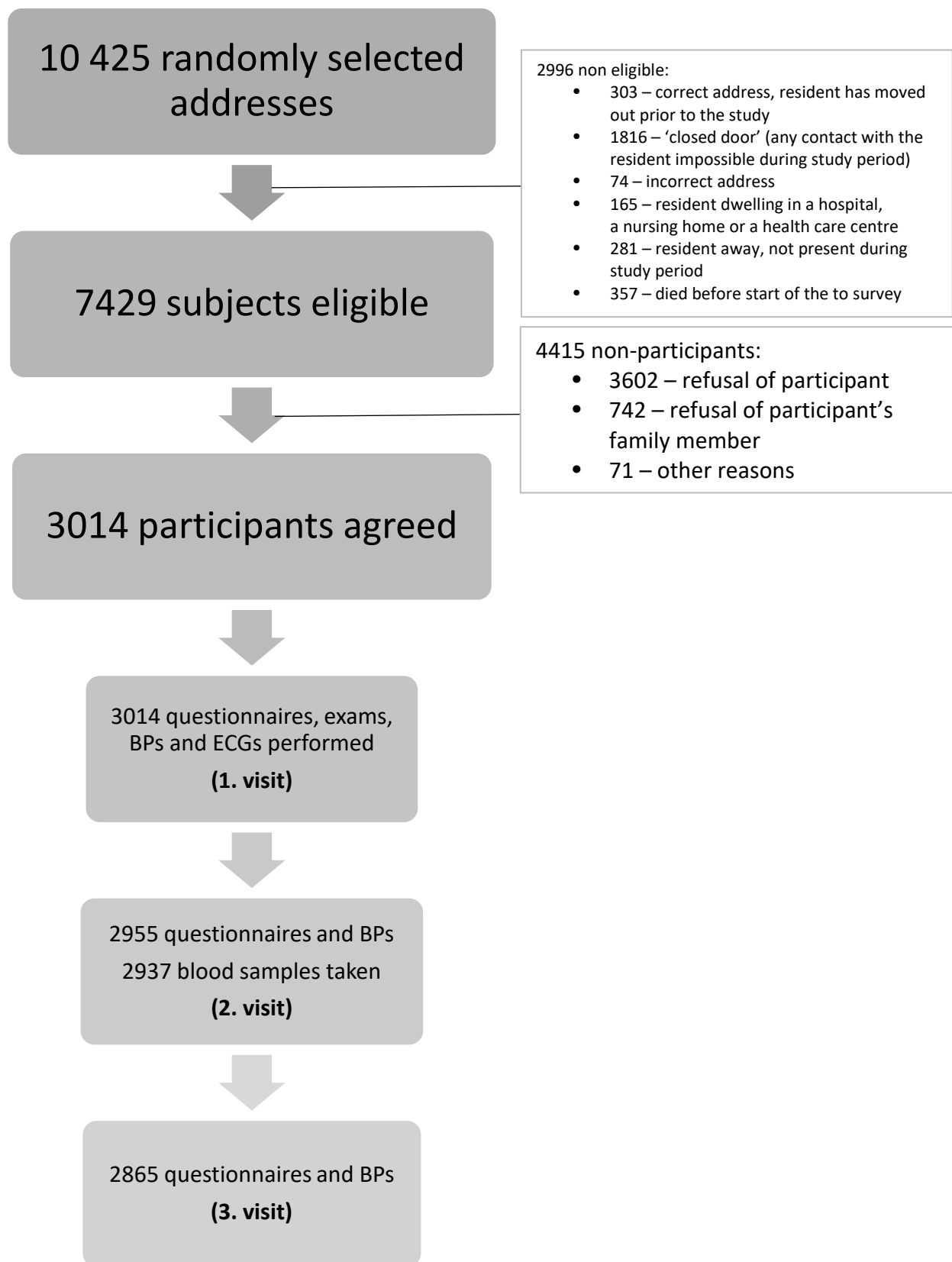
Figure S1. NOMED-AF — flow of the study

Abbreviations: BP, blood pressure; ECG, electrocardiogram