

2. OAC Knowledge Test

Record ID (Auto-generated by REDCap)

This participant is not eligible. This form can only be completed for participants who meet eligibility criteria.

Start time

Participant ID [participant_id]

What is the name of your anticoagulant drug?

- Warfarin (Coumadin)
 - Apixaban (Eliquis)
 - Dabigatran (Pradaxa)
 - Edoxaban (Lixiana)
 - Rivaroxaban (Xarelto)
 - Other
 - Do not know
-

Name of other OAC

Were you taking this drug before you came to hospital?

- Yes
 - No
-

How long has the patient been taking their current OAC for?

- A set amount of time (known)
 - Unknown
-

Number of years

Number of months

Number of days

Approximate OAC start date if known. (Used to confirm the years, months, and days are correct)

What does it look like?

What shape is it?

- Round (circle)
 - Oval (rectangle with rounded edges)
 - Football
 - Do not know
 - Capsule
 - Other
-

What is the other shape?

What colour is it?

- White
 - Yellow
 - Pink
 - Blue & white
 - Green
 - Orange
 - Dark red
 - Other
 - Do not know
-

If "Other", please specify:

What size is it?

- Small (under 5mm diameter)
 - Medium (6-10mm)
 - Large (over 10mm)
 - Do not know
-

Why are you taking this medication?

In other words, what is the disease or condition that the anticoagulant drug is treating for you?

- Heart disease/defect
 - Harmful blood clot
 - Deep vein thrombosis (DVT)
 - Pulmonary embolus (PE)
 - Post-operative procedure
 - Irregular heartbeat/Atrial Fibrillation (AF)
 - Presence of heart valves
 - Hip or knee surgery
 - Other
 - Do not know
-

What is the indication that was not listed?

What benefit do you get by taking it (i.e. a benefit of a painkiller would be less pain and fewer headaches)?

- Protection against stroke/heart attack
 - Prevent against harmful blood clot formation or enlargement
 - Other
 - Do not know
-

What other benefit?

For how long do you have need to take your anticoagulant drug?

- Indefinitely (no end date)
 - A set amount of time
 - Do not know
-

Days

Weeks

Months

Years

How often do you need blood tests done to see if your anticoagulant is working well?

- No blood tests required
 Every few days
 Once a week
 Every 2 - 3 weeks
 Once a month
 Do not know
 Other

How often?

What is the most important adverse effect (side effect) of your anticoagulant medication?

- Severe bleeding
 Fainting
 Vomiting
 Other
 Do not know

[If patient has difficulty with this question, ask:
What is the most significant side effect of your blood thinner?
What, in your opinion, is the worst possible side effect?]

What is the most important side effect not listed?

Can you take the following medications while you are on anticoagulants?

	Yes	No	Don't know
Antibiotics (e.g. antifungal medications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NSAIDs (e.g. ibuprofen, Advil, Motrin, Voltaren, Aleve)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other medications that cannot be taken while you are on OACs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other families of medications?

If you had a surgery scheduled for next week which would last 4 hours and you would stay in hospital for a few days, what would you do with your anticoagulant in the few days before surgery?

- Discontinue use of anticoagulant
 Continue use of anticoagulant/no change
 Consult with doctor
 Switch to a fast-acting OAC
 Other
 Do not know

How far in advance would you discontinue the OAC in days?

Please provide details:

What strategies do you use to be sure that you take the right amount of your anticoagulant every day?

- Pharmacy-filled blister packs
- Dosette box
- Reminder system
- Other
- Do not know

What other strategies do you use?

Comments

REDCap Form Completion Details

End time

Form entered & completed by

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- Research Assistant

Date form completed