

25. Patient/Caregiver Study Satisfaction Survey

Record ID (Auto-generated by REDCap)

Participant ID [enrollmentbaseline_arm_1][participant_id], from hospital [randomization_arm_1][site]

Start time

Who is answering this questionnaire?

- Patient
 Caregiver

Thank you for participating in the COACHeD randomized trial on oral anticoagulant (blood thinner) management. We want to be sure that we get your feedback on whether the project helped you, and how we could improve. We have a few questions for you.

Please note that when I refer to "you", it means yourself or the patient you take care of.

Have you been contacted by the staff from the COACHeD project, since you joined the study?

- Yes
 No

If "YES", how many times?

- Once
 Twice
 Three times
 4 times
 5 times
 6 times
 7 times
 8 times
 9 times
 10+ times
 Don't remember

Since you joined the study did you receive a call from a study pharmacist?

- Yes
 No

Which virtual visits did you participate in?

- First (approximately 24 hours post-discharge)
 Second (approximately 1 week post-discharge)
 Third (approximately 1 month post-discharge)

Have the services of COACHeD project that you received over the past 3 months helped you to manage your health more effectively?

- Yes
 No
 No difference

If yes:

- They helped a great deal
 They helped somewhat

If no,

- No, they made things a bit worse
 No, they made things a lot worse
 They contacted me only to schedule my end of study visit

Please explain what was most helpful, what was most unhelpful to help you manage your health over the past three months.

How helpful was it for you to receive the services of the COACHeD project by telephone instead of having to travel to a hospital or specialist's clinic?
[Interviewer: emphasis here is not having to travel to receive services]

- Very helpful
 Somewhat helpful
 No difference
 Not helpful
 Very unhelpful
 I did not receive any coordination calls from the study

Please explain what was most helpful, what was most unhelpful about receiving virtual visits instead of travelling to hospital or clinic?

Has being part of the COACHeD study changed the continuity of care that you received? (Select ONE best response)

- Yes
 No

[Interviewer: Good continuity of care means that a) you are able to see your physician(s) and pharmacist(s) when you need health care, b) they keep you or your caregiver aware of any changes in your health, your medications or things you should do to improve your health, and c) these updates or changes are communicated amongst your provider.]

If yes:

- My/our continuity of care is much better
 My/our continuity of care is a little better

If no:

- My/our continuity of care is the same
 My/our continuity of care is worse
 My/our continuity of care is much worse

Please explain your rating above

[Interviewer: "I am now going to ask you about managing your blood thinner medication on your own. For example, think about how well you understand when your anticoagulant should be stopped, or what type of bleeding means that you have to go to Emergency Department, or when do you need to see your doctor to get the drug renewed or changed, or exactly how long will you need to take your blood thinner, etc."]
How would you rate your ability to manage your anticoagulant medication ("blood thinner") yourself now compared to 4 months ago (before you were in the study)?

- A great deal better
 A little better
 Same
 A little worse
 A great deal worse
 Don't know

End time

Form entered and completed by

- Kristina Vidug
- Lindsay Yoo
- Sue Troyan
- Research Assistant

Date form completed
