

2. COACHeD Capacity To Consent

Record ID (Auto-generated by REDCap)

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

Screening ID [screen_id]

Start time:

I will now ask you a few questions to make sure you understood the study.

What is the purpose of the study that was just described to you?

Interviewer: Allow patient to answer and prompt for additional answers if required as at least 2 responses are required.

- ☐ I don't know/ No clue
- ☐ Partial response regarding medication/treatment (without mention of medication management/coordinated care)
- ☐ *One of the field notes examples or similar*
(*Coordinate care/communication from hospital to home *Improve medication safety or medication management *Better communication with my providers about my medications *Help prevent complications related to anticoagulants (blood thinners) *Other reasonable response)

What aspects of the study described might encourage you to participate?

Interviewer: Allow patient to answer and prompt for additional answers if required as at least 2 responses are required.

- ☐ I don't know
- ☐ Partial response regarding treatment, follow-up
- ☐ *At least one of the specific themes in field note examples, or similar*
(*Medication review with the pharmacist *Help me understand what is going on with my medications *Avoid confusion about my medications when I get discharged back home *Get advice about my medications and have my questions answered *Better communication with my doctors and specialists, so that they understand what happened and what is going on with my medications *Other reasonable response)

Do you believe this is primarily research or primarily treatment?

- ☐ Treatment, or don't know
- ☐ Research

Do you have to be in this study if you do not want to participate?

- ☐ Yes or don't know
- ☐ No

If you withdraw from this study, will you still be able to receive regular treatment?

- ☐ No
- ☐ Yes

Can you tell us a couple of things that you will be asked to do if you participate in the study??

Interviewer: Allow patient to answer and prompt for additional answers if required as at least 2 responses are required.

- ☐ I don't know/no correct response
☐ Only one of the below field note examples
☐ *At least two of the following field note examples or similar*
 (*Go through my medications with the pharmacist
 *Answer some questionnaires at the beginning of the study
 *Participate in phone visits with pharmacist about my medications at different time points
 *Answer questions at the end of study
 *Other reasonable response)

What might be some risks or downsides involved with participating in this study?

Interviewer: Allow patient to answer and prompt for additional answers if required as at least 2 responses are required.

- ☐ I don't know
☐ Partial response with generalities (eg, 'waste of time', 'too many phone calls', etc
☐ *One of the themes listed in the field note or similar*
 (*Inconvenience or hassle of research coordinators phoning me at three different time points
 *Time commitment involved at the beginning or with the phone calls
 *Potential for privacy breach of my personal health information
 *Too many people involved in my care
 *Other reasonable response)

?? ?? Can you describe some of the benefits that you may gain by participating in this study??

Interviewer: Allow patient to answer and prompt for additional answers if required as at least 2 responses are required.

- ☐ I don't know
☐ Partial response on only one of the themes listed in field notes
☐ *At least one of the field note examples or similar*
 (*Avoiding complications from my anticoagulant
 *Help from a pharmacist with managing my medications
 *Understanding my medications better
 *Getting advice on what to do after I go home from the hospital
 *Better communication with my doctors about what is going on with my medications
 *Other reasonable response)

Is it possible that being in this study will not have any benefit to you personally?

- ☐ No, or don't know
☐ Yes

Who would pay for your medical care if you came to any harm as a direct result of participating in this study?

- ☐ I have no idea; I will have to pay
☐ I don't know or not sure; someone else will pay (possibly the hospital or research program)
☐ No change; OHIP, government would pay for any medical care. There would be no cost to me

Total score

(Threshold to enroll: 14/20)

REDCap Form Completion Details

Form entered and completed by:

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☐ Research Assistant

Date of Form Completion:

Time form completed
