

Anticoagulation SURVEY

Title of Study: Patient Satisfaction after Conversion from Warfarin to a Newer Oral Anticoagulant (NOAC) ----- SWAN study

Principal Investigator:

Professor Ross Baker, Clinical Haematologist, Haematology West

Associate Investigators:

Dr Thomas Hendriks

Mr Scott McGregor

Mrs Julie Robinson

Dr Shilpa Rakesh

Dear participant,

Below is the Anti-Clot Treatment Scale (ACTS) questionnaire and some additional questions regarding your anticoagulation treatment.

Please fill in the questionnaire and return to Haematology West if you wish to take part in the study.

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Anti-Clot Treatment Scale

We are interested in your experiences with newer oral anticoagulant treatments. The questions below ask about your experiences of anticoagulant treatment during the past 4 weeks. All of the information you provide is COMPLETELY CONFIDENTIAL.

INSTRUCTIONS: We are interested in your experiences of anti-clot treatment during the past 4 weeks. Please circle the appropriate answer regarding your NOAC for each question.

During the <u>past 4 weeks</u>...	Not at all	A little	Moderately	Quite a bit	Extremely
1. How much does the possibility of <u>bleeding</u> as a result of your anti-clot treatment limit you from taking part in <u>vigorous physical activities</u> ? (e.g. exercise, sports, dancing, etc.)	1	2	3	4	5
2. How much does the possibility of <u>bleeding</u> as a result of your anti-clot treatment limit you from taking part in your <u>usual activities</u> ? (e.g. work, shopping, housework etc.)	1	2	3	4	5
3. How bothered are you by the possibility of <u>bruising</u> as a result of your anti-clot treatment?	1	2	3	4	5
4. How bothered are you by having to <u>avoid other medicines</u> (e.g. aspirin) as a result of your anti-clot treatment?	1	2	3	4	5
5. How much does your anti-clot treatment <u>limit what you eat and drink</u> (including alcohol)?	1	2	3	4	5
6. How much of a hassle (inconvenience) are the <u>daily</u> aspects of your anti-clot treatment? (e.g. remembering to take your medicine at a certain time, taking the correct dose of your medicine, limiting what you eat and drink (including alcohol), etc.)	1	2	3	4	5
7. How much of a hassle (inconvenience) are the <u>occasional</u> aspects of anti-clot treatment? (e.g. the need for blood tests, going to or contacting the clinic/doctor, making arrangements for treatment while travelling etc.)	1	2	3	4	5

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Now I want to ask you about daily and occasional aspects of your anti-clot treatment during the past 4 weeks...

	Not at all	A little	Moderately	Quite a bit	Extremely
8. How <u>difficult</u> is it to <u>follow</u> your anti-clot treatment?	1	2	3	4	5
9. How <u>time-consuming</u> is your anti-clot treatment?	1	2	3	4	5
10. How much do you <u>worry</u> about your anti-clot treatment?	1	2	3	4	5
11. How <u>frustrating</u> is your anti-clot treatment?	1	2	3	4	5
12. How much of a <u>burden</u> is your anti-clot treatment?	1	2	3	4	5
13. Overall , how much of a <u>negative impact</u> has your anti-clot treatment had on your life?	1	2	3	4	5
14. How <u>confident</u> are you that your anti-clot treatment will protect your health? (e.g. prevent blood clots, stroke, heart attack, DVT, embolism)	1	2	3	4	5
15. How <u>reassured</u> do you feel because of your anti-clot treatment?	1	2	3	4	5
16. How <u>satisfied</u> are you with your anti-clot treatment?	1	2	3	4	5
17. Overall , how much of a <u>positive impact</u> has your anti-clot treatment had on your life?	1	2	3	4	5

Reference – ACTS - Cano et al.; licensee BioMed Central Ltd. 2012

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Additional questions comparing Warfarin to NOAC:

Below are some further questions **comparing your previous warfarin therapy to your newer oral anticoagulant therapy.** Please CIRCLE the appropriate answer for each question.

COMPARED TO YOUR PREVIOUS EXPERIENCE WITH WARFARIN -	Much less satisfied	Less satisfied	No change	More satisfied	Much more satisfied
1. Are you more/less satisfied with the <u>side effects</u> associated with your NOAC therapy?	1	2	3	4	5
2. Are you more/less satisfied with the <u>frequency in medical contact</u> (blood tests, INR monitoring, health professional attendance) associated with your NOAC therapy?	1	2	3	4	5
3. Are you more/less satisfied with the <u>change in dietary restriction</u> (alcohol included) associated with your NOAC therapy?	1	2	3	4	5
4. Are you more/less satisfied with the <u>change in medication interactions</u> associated with your NOAC therapy?	1	2	3	4	5
5. Are you more/less satisfied with the <u>changes in travel</u> associated with your NOAC therapy?	1	2	3	4	5
6. Are you more/less satisfied with the <u>change in cost</u> associated with your NOAC therapy?	1	2	3	4	5
7. Please rate your OVERALL SATISFACTION with your NOAC therapy?	1	2	3	4	5

