VTE Patient Survey about Blood Thinner (Anticoagulant) Preferences

1. Are you ...?
   - [ ] Male
   - [ ] Female

2. How old are you?  |___|___|
   | Year |

3. Do you think of yourself as...? (You may choose more than one)
   - [ ] White
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Asian American
   - [ ] Other: __________________

4. What country do you live in? [Dropdown menu option through Qualtrics]

5. What state do you live in? [Dropdown menu option through Qualtrics]
   
   In the next section we will ask about your experiences with venous thromboembolism (VTE). VTE includes both deep vein thrombosis (DVT) and pulmonary embolism (PE).

6. Have you ever had a...?
   - [ ] Pulmonary embolism (PE)
   - [ ] Deep vein thrombosis (DVT)
   - [ ] Both PE and DVT
   - [ ] I have had a VTE, but am not sure which type it was.
   - [ ] I have not had a VTE.

7. What year did you experience your most recent VTE?  |___|___|___|___|
   | Year |

8. What was the primary treatment during the first 6 months after your VTE?
   - [ ] Coumadin/Warfarin
   - [ ] New oral anticoagulant (e.g. Pradaxa/dabigatran; Xarelto/rivaroxaban; Eliquis/apixaban; Savaysa/Lixiana/edoxaban)
   - [ ] No anticoagulant treatment

9. Are you currently on a blood thinner (anticoagulant)?
   - [ ] Yes
   - [ ] No
   - Which blood thinner (anticoagulant) are you currently on?
     - [ ] Coumadin/Warfarin
     - [ ] New oral anticoagulant, list: ________________

10. Have you ever had to stop a blood thinner (anticoagulant) due to bleeding?
    - [ ] Yes
    - [ ] No
In the next section we would like to understand how concerned or worried you are about the following medical events.

10. How concerned are you about...?

   | Not at all concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Extremely concerned |
---|----------------------|--------------------|--------------------|----------------------|---------------------|
a. Having a recurrent VTE | 1 | 2 | 3 | 4 | 5 |
b. Major bleeding  
   (For example a bleed into the head that causes permanent disability.) | 1 | 2 | 3 | 4 | 5 |
c. Moderate bleeding  
   (For example a bleed that requires medical treatment.) | 1 | 2 | 3 | 4 | 5 |
d. Death from any cause | 1 | 2 | 3 | 4 | 5 |

11. How strongly do you agree or disagree with the following statements?

   | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
---|-------------------|-------------------|---------------------------|---------------|--------------|
a. I am comfortable using a blood thinner where the levels cannot be followed.  
   (For example the dosing is ‘one size fits all’.) | 1 | 2 | 3 | 4 | 5 |
b. Regular blood tests to monitor a blood thinners level would make me less likely to use that blood thinner. | 1 | 2 | 3 | 4 | 5 |
c. It is difficult for me to change my diet so I can take a particular medication.  
   (For some blood thinners, people should avoid foods like spinach and cranberry juice.) | 1 | 2 | 3 | 4 | 5 |
d. I prefer a blood thinner that is reversible.  
   (There is a medication (or antidote) which can quickly make your blood thicker again.) | 1 | 2 | 3 | 4 | 5 |
e. I am comfortable using the newest drug versus an older but more established drug. | 1 | 2 | 3 | 4 | 5 |

12. Anything else you would like to tell us about your experience with blood thinners?

Thank you for your time!