Supplementary Appendix A Anti-Clot Treatment Scale

During the past 4 weeks.

1. How much does the possibility of bleeding as a result of anti-clot treatment limit you from taking part in vigorous physical activities? (e.g. exercise, sports, dancing, etc.).
2. How much does the possibility of bleeding as a result of anti-clot treatment limit you from taking part in your usual activities? (e.g. work, shopping, housework, etc.).
3. How bothered are you by the possibility of bruising as a result of anti-clot treatment?
4. How bothered are you by having to avoid other medicines (e.g. aspirin) as a result of anti-clot treatment?
5. How much does anti-clot treatment limit your diet? (e.g. food or drink, including alcohol).
6. How much of a hassle (inconvenience) are the daily aspects of anti-clot treatment? (e.g. remembering to take your medicine at a certain time, taking the correct dose of your medicine, following a diet, limiting alcohol, etc.).
7. How much of a hassle (inconvenience) are the occasional 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.).
8. How difficult is it to follow your anti-clot treatment?
9. How time-consuming is your anti-clot treatment?
10. How much do you worry about your anti-clot treatment?
11. How frustrating is your anti-clot treatment?
12. How much of a burden is your anti-clot treatment?
13. Overall, how much of a negative impact has your anti-clot treatment had on your life?
14. How confident are you that your anti-clot treatment will protect your health? (e.g. prevent blood clots, stroke, heart attack, DVT, embolism)
15. How reassured do you feel because of your anti-clot treatment?
16. How satisfied are you with your anti-clot treatment?
17. Overall, how much of a positive impact has your anti-clot treatment had on your life?