

Appendix D. Patient Survey Case Report Form

DECIDE-PCI

PATIENT SURVEY

Name: _____	Diabetes: <input type="radio"/> Yes <input type="radio"/> No
Age: _____	Hypertension: <input type="radio"/> Yes <input type="radio"/> No
Date: _____	PAD: <input type="radio"/> Yes <input type="radio"/> No
<i>For Internal Use Only</i>	Previous CABG: <input type="radio"/> Yes <input type="radio"/> No
Physician: _____	Previous PCI: <input type="radio"/> Yes <input type="radio"/> No
Stent Type: <input type="checkbox"/> DES <input type="checkbox"/> BMS <input type="checkbox"/> None	<input type="radio"/> < 6 months
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="radio"/> > 6 months
Race:	<input type="radio"/> > 1 year
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American	Patient disposition prior to procedure:
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native	<input type="radio"/> Inpatient <input type="radio"/> Outpatient <input type="radio"/> Emergent
<input type="checkbox"/> Native Hawaiian/Pacific Islander	Was patient coached?
Hispanic ethnicity: <input type="radio"/> Yes <input type="radio"/> No/UTD	<input type="radio"/> Yes <input type="radio"/> No

- I. Have you read the Patient Information about e-PRISM Survey provided to you?
 Yes No
- II. Are you willing to participate in the survey?
 Yes No

- 1. What is a stent?
 - A metal mesh tube that helps keep the artery open
 - A type of artificial heart valve
 - A device that helps the heart rhythm
 - Other _____
 - Don't know
- 2. Which stent has a lower risk of becoming blocked? (Choose one)
 - Bare metal stent
 - Drug coated stent
 - Neither
 - Don't know
- 3. How long would you have to take an extra blood thinner if you received a bare metal stent (in addition to aspirin)?
 - 1 month
 - 1-6 months
 - 6-12 months
 - Not at all
 - Don't know

- 4. How long would you have to take an extra blood thinner if you received a drug-coated stent (in addition to aspirin)? (Choose one)
 - Longer than if I had a bare metal stent
 - The same amount of time
 - Shorter than if I had a bare metal stent
 - Don't know

- 5. Possible side effects of an extra blood thinner are: (Check all that apply)
 - Easier bruising
 - Easier bleeding after minor cuts
 - Increased chance of a major bleed
 - Increased chance of recurrent chest pain
 - Don't know

- 6. If you received a drug-coated stent, would this affect your eligibility for future surgery, medical procedures, and/or major dental work?
 - Yes, it would have to be delayed
 - No
 - Don't know

On a scale of 1 to 10, with 1 being not at all important and 10 being extremely important, please indicate **your** feelings about the following issues:

7. Having another heart cath or stent placed within the next year

1	2	3	4	5	6	7	8	9	10
Not at all Important to me									Extremely important to me

8. The number of pills/medications you take on a daily basis

1	2	3	4	5	6	7	8	9	10
Not at all Important to me									Extremely important to me

9. The cost of your medications

1	2	3	4	5	6	7	8	9	10
Not at all Important									Extremely important to

DECIDE-PCI

PATIENT SURVEY

to me

me

10. Having minor bleeding and/or bruising

1 2 3 4 5 6 7 8 9 10

Not at all
Important
to me

Extremely
important to
me

11. Having to delay future surgeries, medical procedures, and/or major dental work

1 2 3 4 5 6 7 8 9 10

Not at all
Important
to me

Extremely
important to
me

12. For health decisions in general, given the risks and benefits of possible treatments, who should decide how acceptable those risks and benefits are for you?

Doctor Alone Mostly the doctor Doctor and You
Equally Mostly You You Alone

13. For health decisions in general, given all the information about risks and benefits of the possible treatments, who should decide what treatment option should be selected?

Doctor Alone Mostly the doctor Doctor and You
Equally Mostly You You Alone

14. Who decided what type of stent you got?

Doctor Alone Mostly the doctor Doctor and You
Equally Mostly You You Alone N/A

15. Do you recall receiving education materials before your procedure?

Yes No (If no, skip to #20)

16. What type of education materials did you receive?

- Pamphlet or packet
- Video

- Book

17. If yes, where did you receive the materials?

- Doctors office
- In the mail
- By email
- In the hospital
- I looked on the internet
- Don't know

18. When did you receive the education materials?

- Last doctors visit (office)
- In the last 3 days
- 3-7 days
- >a week

19. Were these materials helpful?

- Yes
- No

a. If yes, in what way?

- Helped me learn more about my heart
- Helped me learn more about the procedure
- Helped me understand stent choices
- Helped me learn about treatments after the procedure

20. Before you had your procedure, do you recall having a discussion with your nurse about types of stents that could be used in your procedure? Yes No (If no, skip to #22)

21. The following questions ask about conversations you have had with your nurse in which your stent selection was discussed. Practitioners have different styles in dealing with patients. Your responses will be kept confidential, so none of the practitioners will know your responses. **Please be honest and candid.** Choose your answers using the scale below for each question by filling in the blank after each question with a number from 1 to 7.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

- a. My **nurse** provided me with choices and options about my stent selection.
- b. My **nurse** understood how I see things with respect to my stent selection. _____
- c. My **nurse** conveyed confidence in my ability to make decisions regarding my stent selection. _____
- d. My **nurse** listened to how I would like to do things regarding my stent selection. _____
- e. My **nurse** encouraged me to ask questions about my stent selection. _____

f. My **nurse** tried to understand how I see my stent selection before making suggestions. _____

22. Before you had your procedure, do you recall having a discussion with your doctor about types of stents that could be used in your procedure? Yes No **(If no, skip #24)**

23. The following questions ask about conversations you have had with your doctor in which your stent selection was discussed. Practitioners have different styles in dealing with patients. Your responses will be kept confidential, so none of the practitioners will know your responses. **Please be honest and candid.** Choose your answers using the scale below for each question by filling in the blank after each question with a number from 1 to 7.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

a. My **doctor** provided me with choices and options about my stent selection.

b. My **doctor** understood how I see things with respect to my stent selection. _____

c. My **doctor** conveyed confidence in my ability to make decisions regarding my stent selection. _____

d. My **doctor** listened to how I would like to do things regarding my stent selection. _____

e. My **doctor** encouraged me to ask questions about my stent selection. _____

f. My **doctor** tried to understand how I see my stent selection before making suggestions. _____

24. After reviewing the risks and benefits of both types of stents, which type of stent did you want?

- A drug-coated stent
- A bare metal stent
- I didn't care
- I don't know

25. Which type of stent did you receive during your procedure?

- A drug-coated stent
- A bare metal stent
- I did not receive a stent
- I don't know
- The following questions ask about your *satisfaction* with the consent form for your recent procedure:

The following questions are for the patients who received the Decision Coaching intervention.

26. The following questions ask about your *satisfaction* with the stent preference handout and discussion prior to your procedure:

	Not at all	Somewhat	Moderately	Very much	Completely
The descriptions of the stents were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The descriptions of the risks and benefits were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understood the information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The handout was easy to read.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The handout was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. The following questions ask about your *feelings* about the stent preference handout and discussion prior to your procedure:

	Not at all	Somewhat	Moderately	Very much	Completely
Reading the handout and having the discussion made me feel nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt more nervous after reading the handout and having the discussion than I did before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts about my heart condition made it hard to focus on reading the handout and having the discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It makes me nervous to think about the information on the handout and in the discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to help us with this information.