



Anticoagulation (Warfarin/Coumadin) Patient Satisfaction Survey

2900-xxxx

Estimated Burden 7 minutes

VA Form 10-211002

PRA Statement: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who participate in this survey will average 7 minutes. Your participation is voluntary and failure to furnish information will have no effect on any entitlement to benefits.

Anticoagulation (warfarin/Coumadin) Patient Satisfaction Survey

Welcome to the Anticoagulation (warfarin/Coumadin) Patient Satisfaction Survey

Thank you for taking the time to complete this survey, it should take you 7 minutes. Completing this survey is voluntary. The results are not intended to be made public, but to improve anticoagulation (warfarin/Coumadin) services that are provided to the veterans of New England. You have been selected for this survey because you are receiving anticoagulation (warfarin/Coumadin) services at a VA Medical Center in New England.

***Which VA Medical Center do you visit most of the time? (This includes satellite clinics associated with the main facility.)**

- Bedford VA Medical Center
- VA Boston Healthcare System
- VA Central Western Massachusetts
- VA Connecticut Healthcare System
- VA Maine Healthcare System
- Manchester VA Medical Center
- Providence VA Medical Center
- White River Junction VA Medical Center

Anticoagulation Management

This section focuses on how your anticoagulation (warfarin/Coumadin) treatment is managed.

***Select where you have your blood sample taken for your anticoagulation (warfarin/Coumadin) care most frequently:**

- I visit the main VA medical center
- I visit a satellite VA clinic (CBOC: community-based outpatient clinic, outpatient clinic, outreach clinic)
- I visit a non-VA lab (for example, Quest or Memorial Hospital)
- Someone comes to my residence (visiting nurse, lab staff)
- I am unsure

***Select how your blood is drawn most frequently:**

- Blood is drawn from my arm
- Blood is drawn from my finger

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***Select how your results and dosing instructions are communicated to you most frequently:**

- I have an in-person/face-to-face visit
- I receive a phone call
- I call the clinic
- I receive a letter
- I communicate through My HealthVet (www.myhealth.va.gov)

Other (please specify)

Anticoagulation Treatment

We would like to know how your anticoagulation treatment (warfarin/Coumadin) affects you, what you know and how you feel about your anticoagulation treatment. Please check the answer that best fits your situation. If a question does not apply to you, then check "not at all."

Considering anticoagulation (warfarin/Coumadin) treatment as a whole, please answer the following.

	Not at all	A little	Somewhat	Moderately	Quite a bit	A lot	Very much
How complicated is your anticoagulation treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How time-consuming is your anticoagulation treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How frustrating is your anticoagulation treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared to other treatments you have had, how difficult is your anticoagulation treatment to manage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you have anticoagulation (warfarin/Coumadin) treatment, you tend to bleed or bruise more easily. You may limit your activities as a result. Limit means you do less of the activity, or no longer perform the activity at all.

	Not at all	A little	Somewhat	Moderately	Quite a bit	A lot	Very much
How much does anticoagulation treatment limit your ability to work for pay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much does anticoagulation treatment limit your ability to care for dependent family members (such as your child, parent or spouse)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Being on anticoagulation (warfarin/Coumadin) treatment means doing a lot of things, some every day and some less often.

	Not at all	A little	Somewhat	Moderately	Quite a bit	A lot	Very much
Overall, how much of a burden is your anticoagulation treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of an inconvenience is it to travel to the anticoagulation clinic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of an inconvenience is it to wait to be seen by the anticoagulation pharmacist or other provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do your visits to the anticoagulation clinic burden family members or friends who accompany you to your appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These questions ask what you know and feel about your anticoagulation (warfarin/Coumadin) treatment.

	Not at all	A little	Somewhat	Moderately	Quite a bit	A lot	Very much
Overall, how satisfied are you with your anticoagulation treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how confident are you about managing your anticoagulation treatment at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well do you understand the medical reason for your anticoagulation treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely would you be to recommend this form of anticoagulation treatment to someone else with your medical condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Anticoagulation Treatment Preferences

These questions ask how you would prefer to receive anticoagulation (warfarin/Coumadin) treatment. All of these options may not be available at the location you visit.

On a scale of 1 to 5, select your preference level for each blood sample collection method with 1 being least preferred and 5 being most preferred.

	1 (least preferred)	2	3	4	5 (most preferred)
Blood drawn from my arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood drawn from my finger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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On a scale of 1 to 5, select your preference level for each method of receiving your lab results and dosing instructions with 1 being least preferred and 5 being most preferred.

	1 (least preferred)	2	3	4	5 (most preferred)
In-person/face-to-face visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive a phone call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call the clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive a letter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate through My HealtheVet (www.myhealth.va.gov)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments or suggestions regarding your anticoagulation (warfarin/Coumadin) treatment: