



Evaluating Individual and Patient-Selected Family/Friend/or Reciprocal Peer Notification to Improve Statin Medication Adherence among Patients with Coronary Artery Disease VA Form 10-10139

Arm 1

OMB No. 2900-XXXX

Estimated Burden: 35 Minutes

Expiration Date: XX/XX/20XX

The Paperwork Reduction Act of 1995: 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 complete this survey will average 35 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improve engagement with patients significantly easier and more immediate improvements using newer technology to improve medication adherence. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

SUBJ

Participant's 4-digit number from Way to Health:

Participant's 4 digit number from Tracking Database:

DOV

Date participant completed survey:

(mm/dd/yyyy)

RC

Name of research coordinator administering survey:

(First Last)

Demographics

1. What is your date of birth?

--

(mm/dd/yyyy)

2. What is your gender?

Male	Female
1	0

3. What is your race?

	White or Caucasian
	Black or African American
	Hispanic or Latino
	Asian or Pacific Islander
	Native American or Alaska Native/Eskimo
	Other
	Specify: _____

MMAS-4

The Morisky 4-Item Self-Report MEASURE of Medication-taking Behavior

1. Do you ever forget to take your STATIN medicine?

Yes	No
1	0

2. Do you ever have problems remembering to take your STATIN medication?

Yes	No
1	0

3. When you feel better, do you sometimes stop taking your STATIN medicine?

Yes	No
1	0

4. Sometimes if you feel worse when you take your STATIN medicine, do you stop taking it?

Yes	No
1	0

Medications

1. Patient Self Report: How many PRESCRIBED medications do you currently take?

- **Include** all pills, shots, topical, drops, prescribed vitamins, etc
- **Include** PRNs only if taken daily/regularly
- **Include** medications if taken multiple times per week
- **Exclude** OTCs.

SCQ

Self-Administered Comorbidity Measure

The following is a list of common problems. Do you have...

Problem	Do you have the problem?		Do you receive treatment for it?		Does it limit your activities?	
	Yes	No	Yes	No	Yes	No
Heart disease	Yes	No	Yes	No	Yes	No
High blood pressure	Yes	No	Yes	No	Yes	No
Lung disease	Yes	No	Yes	No	Yes	No
Diabetes	Yes	No	Yes	No	Yes	No
Ulcer or stomach disease	Yes	No	Yes	No	Yes	No
Kidney disease	Yes	No	Yes	No	Yes	No
Liver disease	Yes	No	Yes	No	Yes	No
Anemia or other blood disease	Yes	No	Yes	No	Yes	No
Cancer	Yes	No	Yes	No	Yes	No
Depression	Yes	No	Yes	No	Yes	No
Osteoarthritis, degenerative arthritis	Yes	No	Yes	No	Yes	No
Back Pain	Yes	No	Yes	No	Yes	No
Rheumatoid Arthritis	Yes	No	Yes	No	Yes	No
Do you have any Other medical problems?						
1.	Yes	No	Yes	No	Yes	No
2.	Yes	No	Yes	No	Yes	No
3.	Yes	No	Yes	No	Yes	No
4.	Yes	No	Yes	No	Yes	No
5.	Yes	No	Yes	No	Yes	No

Multidimensional Scale of Perceived Social Support
(Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

1. There is a special person who is around when I am in need.

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

2. There is a special person with whom I can share my joys and sorrows.

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

3. My family really tries to help me.

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

4. I get the emotional help and support I need from my family.

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

5. I have a special person who is a real source of comfort to me.

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

6. My friends really try to help me.

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

7. I can count on my friends when things go wrong.

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

8. I can talk about my problems with my family.

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

9. I have friends with whom I can share my joys and sorrows.

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

10. There is a special person in my life who cares about my feelings.

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

11. My family is willing to help me make decisions.

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

12. I can talk about my problems with my friends.

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

Patient Activation Measure

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. Your answers should be what is true for you and not just what you think others want you to say.

1. When all is said and done, I am the person who is responsible for taking care of my health.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

2. Taking an active role in my own health care is the most important thing that affects my health.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

3. I am confident I can help prevent or reduce problems associated with my health.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

4. I know what each of my prescribed medications do.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

6. I am confident that I can tell a doctor concerns I have even when he or she does not ask.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

7. I am confident that I can follow through on medical treatments I may need to do at home.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

8. I understand my health problems and what causes them.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

9. I know what treatments are available for my health problems.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

10. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

11. I know how to prevent problems with my health.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

12. I am confident I can figure out solutions when new problems arise with my health.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

13. I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4