THROMBOSIS SUFFERERS POLL

ASK THOSE 18YRS+ [N of 200]

NATIONAL

LANDING PAGE

Please select your preferred language for completing the survey / Veuillez choisir la langue dans laquelle vous souhaitez répondre au sondage.

1 English / Anglais
2 Français / French

INTRO

Environics Research, an independent research company, is conducting this survey on behalf of a leading Canadian health charity to explore awareness of issues around personal health. Thank you for agreeing to participate in our online survey.

Please be assured that all information you provide here will be kept entirely confidential. This survey will take approximately **12** minutes to complete and your opinions on the matter are highly appreciated!

The survey is best completed on a computer or a tablet. If you are completing this survey on a smart phone, please turn the device to landscape (horizontal/sideways) mode so that all questions display correctly.

Please click on >> to continue.

Screening and initial demographics

A. What is your province or territory of residence?
Select one response.

01 Newfoundland and Labrador
02 Prince Edward Island
03 Nova Scotia
04 New Brunswick
05 Quebec
06 Ontario
07 Manitoba
08 Saskatchewan
09 Alberta
10 British Columbia
11 Yukon
12 Northwest Territories
13 Nunavut
14 Other [TERMINATE]

IF SELECTED A VALID REGION (NO CODE 11 AT Q.A) CONTINUE, OTHERWISE TERMINATE

B. To ensure we include people from all parts of Canada, what are the first three characters of your postal code?

Postal code: ___ ___ ___

C. In what year were you born?

Numeric dropdown (<1920 to >2003).
Prefer not to answer

D. Select the option that best describes your current gender identity.
Select one response.

01 - Man
02 - Woman
97 - Another identity not listed above: (PLEASE SPECIFY)_____
99 - Prefer not to say

E. What language(s) do you speak most often at home?
Select all that apply.

01 – English
02 – French
03 - Arabic
04 - Cantonese
05 - Mandarin
06 - Punjabi
07 - Spanish
08 - Tagalog
97 – Another language not listed above: (Please specify) _____
99 - I prefer not to answer

F. What was your household's gross annual income last year? That is, all income from you and any other earners in your household, before taxes and other deductions?
Select one response
01 - Less than $20,000
02 - $20,000 to less than $40,000
03 - $40,000 to less than $60,000
04 - $60,000 to less than $80,000
05 - $80,000 to less than $100,000
06 - $100,000 to less than $150,000
07 - $150,000 to less than $200,000
08 - $200,000 or more
09 – Prefer not to say

Anticoagulant Patient Survey

Thrombosis means clotting of the blood in a part of the circulatory system. Thrombosis affects approximately 200,000 people every year in Canada. Anticoagulants, also known as blood thinners, are medicines that treat and prevent blood clots, or thrombosis.

You should complete this survey if you or someone you care for is taking an anticoagulant or has taken an anticoagulant in the past. Your experience will help us better understand your needs and develop educational materials to support patients and their caregivers.

Q1A Are you or someone you care for currently taking an anticoagulant (also known as a blood thinner) or have taken an anticoagulant in the past?

Select all that apply

- ☐ Yes, I currently am taking / have previously taken
- ☐ Yes, someone I care for is currently taking / has previously taken
- ○ No [EXCLUSIVE]
- ○ Not sure [EXCLUSIVE]

IF SELECTED 'YES' FOR MYSELF OR SOMEONE ELSE (NO CODE 3 OR 4 AT Q.1A) CONTINUE, OTHERWISE TERMINATE

Q1B Who are you answering this survey for?

Select one response

- ○ Myself
- ○ Someone I care for

The rest of the survey questions ask about you but can also apply to someone you care for who is taking an anticoagulant.

Q2 Which anticoagulant (also known as a blood thinner) are you taking?

Select all that apply

- ☐ Apixaban (Eliquis®)
- ☐ Dabigatran (Pradaxa®)
- ☐ Edoxaban (Lixiana®)
- ☐ Rivaroxaban (Xarelto®)
- ☐ Warfarin (Coumadin®, Jantoven®)
- ☐ Dalteparin (Fragmin®)
- ☐ Enoxaparin (Lovenox®)
- ☐ Tinzaparin (Innohep®)
- ☐ Inclunox®
- ☐ Noromby®
- ☐ Redesca®
- ☐ None of the above
- ○ Not sure of the name [ANCHOR][EXCLUSIVE]

TERMINATION QUESTION IF SELECTED A SPECIFIC DRUG CONTINUE, IF SELECED 'NONE OF THE ABOVE' OR 'NOT SURE OF THE NAME' TERMINATE

Q3 Does the person you are answering for suffer from any of the following medical conditions?

Select all that apply.

Heart disease	☐
Cancer	☐
Lung disease	☐
Alzheimer's disease	☐
Diabetes	☐
Kidney disease	☐
Thrombosis	☐
Had a stroke	☐
Had a heart attack	☐
Hypertension	☐
Atrial fibrillation (AF; an abnormal heart rhythm)	☐
Have a mechanical heart valve	☐
Blood clot	☐
Pulmonary embolism (PE)	☐
Deep vein thrombosis (DVT)	☐
None of the above	○

Q4 Why are you taking an anticoagulant?

Select all that apply

- ☐ To prevent a stroke from atrial fibrillation (an abnormal heart rhythm)
- ☐ To prevent a stroke from a mechanical heart valve
- ☐ To treat or prevent a blood clot in the veins (deep vein thrombosis and/or pulmonary embolism)
- ☐ Another reason, please describe [Specify] _____
- ○ I am not sure [EXCLUSIVE]

Q5 How long have you been taking an anticoagulant?

Select one response

- ○ Less than 1 month
- ○ 1 to 3 months
- ○ 4 to 6 months
- ○ 7 to 12 months
- ○ More than a year

Q6 Who first prescribed your anticoagulant?

Select one response

- ○ Family doctor
- ○ Emergency doctor
- ○ Specialist doctor (examples: hematologist, gastroenterologist, cardiologist, internal medicine specialist, other specialist)

- ○ Doctor in a thrombosis clinic
- ○ Another healthcare provider, please specify [open text box]
- ○ Don't remember

Q7 Who manages your anticoagulant now? Who prescribes your refills?
Select one response

- ○ Family doctor
- ○ Specialist doctor in the thrombosis clinic
- ○ Nurse practitioner in the thrombosis clinic
- ○ Specialist doctor not in a thrombosis clinic
- ○ Nurse practitioner not in a thrombosis clinic
- ○ Another healthcare provider
- ○ Don't know

Q8 When the anticoagulant was first prescribed, did a healthcare provider (doctor, nurse, or pharmacist) discuss any of the following topics?
Select any that you remember.

- ☐ Your choice about which anticoagulant you prefer to take after describing the options
- ☐ Why the anticoagulant is necessary
- ☐ How many times a day to take the anticoagulant
- ☐ The potential side effects of the anticoagulant
- ☐ The potential benefits of the anticoagulant
- ☐ How the anticoagulant interacts with some foods
- ☐ How the anticoagulant interacts with other medications
- ☐ Cost of the medication
- ☐ Other points discussed, please explain [open text box]
- ○ I don't remember [EXCLUSIVE]
- ○ None of the above [EXCLUSIVE]

Q9 How comfortable do you feel taking an anticoagulant?
Select one response

Not comfortable at all									Very comfortable
1	2	3	4	5	6	7	8	9	10

IF SELECTED CODES 1 – 5, CONTINUE, OTHERWISE SKIP TO Q11:

Q10 What makes you feel uncomfortable about taking an anticoagulant?
Type response below

ASK ALL

Q11 Have you ever missed or skipped a dose of your anticoagulant for any reason?
Select one response

- ○ Yes
- ○ No
- ○ Not sure

IF YES AT Q12, CONTINUE, OTHERWISE SKIP TO Q.13

Q12 What was the reason you missed or skipped a dose of your anticoagulant?
Select all that apply

- ☐ Got busy doing something else and just forgot
- ☐ Didn't have my medicine with me when it was time to take it
- ☐ Forgot to refill my prescription
- ☐ My healthcare provider told me to stop taking my anticoagulant before surgery or another medical procedure
- ☐ Don't like taking pills
- ☐ Don't like injections
- ☐ Don't like doing injections on myself
- ☐ Couldn't afford the medication
- ☐ Didn't think I needed it anymore
- ☐ Other [specify] _____

ASK ALL

Q13 Do you know what to do if you miss a dose of your anticoagulant?
Select one response

- ○ Yes
- ○ No
- ○ Not sure

Q14 Have you ever stopped taking your anticoagulant (not just missed or skipped a dose or two now and then)?
Select one response

- ○ Yes
- ○ No [SKIP TO Q.17]
- ○ Not sure [SKIP TO Q.17]

IF 'YES' AT Q.14, CONTINUE, OTHERWISE SKIP TO PREAMBLE BEFORE Q.17

Q15 What was the reason you stopped taking your anticoagulant?

Select all that apply

- ☐ My healthcare provider told me I could stop
- ☐ Forgot to refill my prescription and then didn't refill it at all
- ☐ Don't like taking pills
- ☐ Don't like injections
- ☐ Don't like doing injections on myself
- ☐ Couldn't afford the medication
- ☐ I had an ablation and do not have atrial fibrillation anymore
- ☐ Didn't think I needed it anymore
- ☐ Other [Specify] _____

Q16 Does your healthcare provider know you stopped taking your anticoagulant?

Select one response

- ○ Yes, my healthcare provider told me to stop
- ○ Yes, I told my healthcare provider
- ○ No
- ○ Not sure

Anticoagulants and bleeding

ASK ALL

Roughly 2 to 4 out of 100 people in a year experience **major (serious) bleeding** while taking an anticoagulant.

Major bleeding is serious and requires urgent medical attention. Examples include black/tarry or bloody bowel movements; bleeding from the rectum; red or dark coloured urine; excessive menstrual bleeding; coughing or vomiting up blood; any bleeding that won't stop; becoming pale, very weak, and tired, shortness of breath or chest pain. Major bleeding can also result from a physical injury such as head injury, broken bones, car accidents, sports injuries.

Q17 Have you ever experienced **major (serious)** bleeding while taking an anticoagulant?

Select one response

- ○ Yes
- ○ No [SKIP TO Q.20]
- ○ Not sure [SKIP TO Q.20]

IF YES AT Q17, CONTINUE, OTHERWISE SKIP TO PREAMBLE ABOVE Q20

Q18 If you have experienced **major (serious)** bleeding while taking an anticoagulant, did your doctor or healthcare provider tell you to stop taking the anticoagulant?

Select one response

- ○ Yes
- ○ No [SKIP TO Q.20]
- ○ Not sure [SKIP TO Q.20]

IF YES AT Q.18, CONTINUE, OTHERWISE SKIP TO PREAMBLE ABOVE Q20

Q19 If so, for how long did you stop?
Select one response

- Less than a week
- 1 to 2 weeks
- Never restarted
- Don't recall

ASK ALL

People taking anticoagulants may also experience **non-major (less serious) bleeding** which usually stops on its own and does not last long. This type of bleeding usually requires less urgent medical attention. Sometimes patients will call or visit their doctor or go to the emergency room. Examples of less serious bleeding include nose bleeding that stops on its own, bruising, bleeding hemorrhoids, etc.

Q20 Have you ever experienced **non-major (less serious)** bleeding while taking an anticoagulant?
Select one response

- Yes
- No
- Not sure

IF YES AT Q20, CONTINUE, OTHERWISE SKIP TO Q.23

Q21 If you have experienced **non-major (less serious)** bleeding while taking an anticoagulant, did your doctor or healthcare provider tell you to stop taking the anticoagulant?
Select one response

- Yes
- No
- Not sure

IF YES AT Q21, CONTINUE, OTHERWISE SKIP TO Q23

Q22 If so, for how long did you stop?
Select one response

- Less than a week
- 1 to 2 weeks
- Never restarted
- Don't recall

ASK ALL

Q23 A reversal agent is a drug that reverses the effect of another drug, like an antidote. Did you know that there are reversal agents for anticoagulants?
Select one response

- Yes
- No

- ○ Not sure

Q24 Has a healthcare provider ever talked to you about reversal agents for anticoagulants?
Select one response

- ○ Yes
- ○ No
- ○ Not sure

Q25 Would you feel more comfortable taking an anticoagulant if you knew that there was a reversal agent that could be used if you had major bleeding while taking the anticoagulant?
Select one response

- ○ Yes
- ○ No
- ○ Not sure

Q26 How important is it to you to know about the following?
Select one response for each

Randomize	1 = not important at all				5 = very important
Why you need to take an anticoagulant	○	○	○	○	○
Having a choice about which anticoagulant you take (versus letting the doctor decide)	○	○	○	○	○
Knowing about the possible side effects of anticoagulants	○	○	○	○	○
Knowing the possible benefits of taking anticoagulants	○	○	○	○	○
Knowing about bleeding that can happen while taking an anticoagulant	○	○	○	○	○
Knowing that a reversal agent is available for my anticoagulant	○	○	○	○	○
Knowing what might happen if I have a major bleed while taking an anticoagulant	○	○	○	○	○
Knowing what might happen if I have a minor bleed while taking an anticoagulant	○	○	○	○	○
The cost of the medication	○	○	○	○	○

Q27 Do you have any fears or concerns about taking an anticoagulant?

Select one response

- ○ Yes
- ○ No
- ○ Not sure

IF YES OR NOT SURE AT Q27, CONTINUE, OTHERWISE SKIP TO Q.29

Q28 What are your fears or concerns about taking an anticoagulant?
Type response below

ASK ALL

Q29 What topics would you like to learn more about?
Select all that apply

- ☐ Information about specific anticoagulants (drug information sheets)
- ☐ Information about new anticoagulants
- ☐ Information about why you your doctor has prescribed an anticoagulant (disease information sheets, for example atrial fibrillation, deep vein thrombosis, pulmonary embolism, etc.)
- ☐ Benefits of anticoagulants
- ☐ Side effects of anticoagulants
- ☐ Reversal agents for anticoagulants
- ☐ Travel after diagnosis of a VTE
- ☐ Management of anticoagulant before and after surgery/medical procedure
- ☐ Blood clots
- ☐ Blood clots and COVID-19
- ☐ Screening for thrombosis
- ☐ Cancer-associated thrombosis
- ☐ Pregnancy and thrombosis
- ☐ Menstruation and thrombosis
- ☐ Other, please describe [Specify] _____

Q30 What format of materials do you prefer to learn about disease or diseases?
Select all that apply

- ☐ Videos
- ☐ Downloadable brochures
- ☐ Paper brochures
- ☐ Website
- ☐ Apps

☐ Other, please describe [Specific] _____

Q31 Do you know about the Thrombosis Canada website (www.thrombosiscanada.ca)?
Select one response

- Yes
- No
- Not sure

IF YES Q31, CONTINUE, OTHERWISE SKIP TO Q.33

Q32 Have you ever gone to the Thrombosis Canada website for information about thrombosis or any other topic?
Select one response

- Yes
- No
- Not sure

Q33 Do you have an final comments or suggestions?
Open text box

QID If you would like to be entered into the draw to win one of two $100 Amazon gift cards, please provide your name, phone number and email address below. These contact details will remain confidential and will only be used by Environics to contact you should you be randomly selected as the prize winner.

Name	
Phone Number	
Email Address	

- I do not wish to be entered into the draw

Thank you very much for completing this survey. These are all the questions we have for you today.