Picant

Primary Care Management for Optimized Antithrombotic Treatment

Screening sheet

Date ☐☐ ☐☐ 2012
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1. Gender of patient: ☐ Female   ☐ Male

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2. Patient's month and year of birth: ☐☐ ☐☐
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3. Which of the following indications for an oral anticoagulant are present in the patient?
(Multiple answers possible; please give family doctor response card 1)

☐ **Chronic atrial fibrillation/flutter** (paroxysmal, persistent or permanent)

If so, please also provide CHA$_2$DS$_2$VASc score: (give family doctor response card 2)

    ☐ CHA$_2$DS$_2$-VASc score > 1

    ☐ CHA$_2$DS$_2$-VASc score = 1

    ☐ CHA$_2$DS$_2$-VASc score = 0

☐ **Deep vein thrombosis (DVT)**

If so, please specify:

    ☐ <u>High risk of recurrence</u>: repeated episodes of, or current severe thrombophilia

    ☐ <u>Low risk of recurrence</u>: first episode provoked by transient (reversible) risk factor or primary idiopathic thrombosis

☐ **Left atrial enlargement (LAE)**

If so, please specify:

    ☐ <u>High risk of recurrence</u>: repeated episodes of, or current severe thrombophilia

    ☐ <u>Low risk of recurrence</u>: first episode provoked by transient (reversible) risk factor or primary idiopathic thrombosis

☐ **Mechanical heart valve**

☐ **Intracardiac thrombi**

☐ **Other indication, namely**: _____

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4. What <u>permanent</u> anticoagulant drug(s) is the patient taking? *(please give family doctor response card 3)*

☐ phenprocoumon (e.g. Marcumar®)

☐ dabigatran (Pradaxa®)

☐ rivaroxaban (Xarelto®)

☐ acetylsalicylic acid (e.g. Aspirin®)

☐ another blood-thinning medication: _____

☐ no medication because:

_____

5. Which study group will the patient be allocated to? *Please use the "flowchart to determine list of patients" and allocate patient to only <u>one</u> group!*

Group 1: A long-term oral anticoagulant (OAC) is indicated <u>and</u> patient is taking one	☐	→ *continue to question 6*
Group 2: A long-term OAC is indicated but patient is not taking one	☐	→ *continue to question 6*
Group 3: A long-term anticoagulant is <u>not</u> indicated, but patient is currently taking one	☐	→ *Enter into "Group 3 list of patients" and continue to question 7*
Other reasons (e.g. patient is receiving a one-off OAC therapy because episode occurred 3-6 months previously, or is receiving an anticoagulant due to an arterial event)	☐	→ *Questionnaire ends here*

6. Do any of the following exclusion criteria apply to the patient? *(Multiple answers possible; give family doctor response card 4; If the patient is to participate in the intervention, the doctor should assess whether regular contact with the HCA will be possible)*

☐ Dementia that in the doctor's opinion would prevent participation in the study

☐ Final stage of the disease (estimated life expectancy < 6 months)

☐ Psychosis

☐ Severe visual or auditory impairment that in the doctor's opinion would prevent participation in the study

☐ Alcohol or drug abuse that in the doctor's opinion would prevent participation in the study

☐ Accommodation in a facility (e.g. nursing or old people's home) that in the doctor's opinion would prevent participation in the study

☐ Inadequate command of the German language

☐ Other exclusion criterion, namely: _____

☐ **There are <u>no</u> reasons for exclusion → *please enter patient into the list and allocate him or her a new consecutive ID:***

Allocated patient ID: ☐☐ -P ☐☐

7. What is the patient's therapeutic INR target range?

INR ☐.☐ **to** ☐.☐

8. Most recent INR value: ☐.☐ **Date of measurement:** ☐☐ 20 ☐☐
M M   J J

9. Does the patient measure INR value and adjust the dose independently?

☐ No

☐ Yes, measures INR <u>and</u> adjusts dose independently

☐ Yes, measures the INR value but does not adjust the dose independently

<u>If the patient performs self-management:</u>

9.1 On whose initiative did the patient undergo self-management training?

_____

9.2 Which training center did the patient go to?

_____

10. How compliant is the patient in the doctor's opinion?

☐ very compliant   ☐ moderately compliant   ☐ not compliant

Any other comments/ remarks:_____

11. Does the patient have a migrant background?
A migrant background is considered to exist if the patient <u>does not have German citizenship,</u> and/or <u>was not born in Germany,</u> and/or one or both of the patient's <u>parents were born outside Germany</u>.

☐ Yes → *continue with question 12*

☐ No → *<u>Questionnaire ends here</u>*

12. Patient's country of birth:	

☐ Germany

☐ Another country of birth:_____

☐ Country of birth is unkown

13. Patient's native language:

☐ German

☐ Another language: _____

☐ Native language is unknown

14. How would you assess the patient's command of the German language?

1 ☐ =very good   2 ☐ =good   3 ☐ =satisfactory

4 ☐ =adequate   5 ☐ =poor   6 ☐ =inadequate