

# Patient Followup Survey Week 1

Record ID \_\_\_\_\_

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## Case Contact and Interview Information Copied from Patient Questionnaire

Study ID \_\_\_\_\_

Case status \_\_\_\_\_

Lost to questionnaire follow\_up \_\_\_\_\_

Previous Patient Cooperation \_\_\_\_\_

Deceased \_\_\_\_\_

First\_Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone number \_\_\_\_\_

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## Fill out this section to document attempts to reach patient

Date 1st attempt to reach patient \_\_\_\_\_

Date 2nd attempt to reach patient \_\_\_\_\_

Date 3rd attempt to reach patient \_\_\_\_\_

Patient lost to follow-up?  Yes  
 No

(after attempting to reach patient on 3 different days)

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## Fill out this section if reached patient to ask if agree to be interviewed

Date of Interview \_\_\_\_\_

Interviewer Name \_\_\_\_\_

Interviewer's Place of Employment \_\_\_\_\_

Patient refused to participate in follow-up survey  Yes  
 No

Patient asked to be called back at this date and time: \_\_\_\_\_

Interviewer Comments about interview \_\_\_\_\_

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**Please begin the interview here.**

Hello. My name is [follow\_up\_survey\_arm\_1][fu1\_interviewer]. I am calling you from [follow\_up\_survey\_arm\_1][fu1\_interviewer\_dept]. I am calling to see if you are experiencing any problems getting follow up medications or care related to your recent illness where you experienced issues with bleeding.

This information will help us to identify any common issues people are having after they leave the hospital or emergency department . This should only take about 5-10 minutes. Would now be a good time to ask you some questions?

Are you currently in the hospital or were you released today?

- Yes  
 No

The questions I would like to ask you are about your experience getting care after you have left the hospital. We will call you back in a few days. I hope you feel better soon.

When was the last date you left the emergency department or hospital after going for symptoms related to this illness (not just to have your blood tested or to pick up medication)?

\_\_\_\_\_

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**Questions Related to Vitamin K Prescription**

I'm first going to ask you some questions about if you've been able to get the medicine you were prescribed since you last left the hospital or emergency department.

Do you have insurance?

- Yes  
 No

What kind of insurance do you have?

\_\_\_\_\_

Since you last left the hospital or emergency department have you been prescribed Vitamin K?

- Yes  
 No  
 Unknown

Where was this prescribed?

- Hospital  
 Emergency Department  
 Outpatient provider  
 Other

Other place prescribed

\_\_\_\_\_

Did you fill the Vitamin K prescription?

- Yes  
 No  
 Unknown

What was the name of the pharmacy you filled or tried to fill your prescription at?

\_\_\_\_\_

What is the address of the pharmacy?

\_\_\_\_\_

How much did it cost?

\_\_\_\_\_

Any comments about cost?

\_\_\_\_\_

Why didn't you fill the Vitamin K prescription? (check all that apply)

- Cost was too high  
 Wasn't covered by my insurance  
 Couldn't get it from my pharmacy  
 Didn't think I needed to fill it  
 Other

How much did it cost? \_\_\_\_\_

Any comments about cost? \_\_\_\_\_

What was the other reason? \_\_\_\_\_

Did you have any problems at the pharmacy when you filled your Vitamin K prescription?

- Yes  
 No  
 Unknown

What kind of problems did you experience? \_\_\_\_\_

Have you been taking the pills as prescribed?

- Yes  
 No  
 Don't Know

Why haven't you taken the pills as prescribed?  
 (check all that apply)

- Too many pills  
 Too busy to take the pills  
 Don't think I need to  
 Pills make me feel sick  
 Other

Other reason for not taking the pills as prescribed \_\_\_\_\_

## Symptoms/Medical Care

The next set of questions asks about if you're still experiencing any symptoms related to this illness.

Have you had any of the following symptoms since last leaving the hospital or emergency department (if you weren't hospitalized)?

- Nose bleed  
 Bleeding gums  
 Coughing up blood  
 Vomiting blood  
 Blood in your urine  
 Blood in your stool  
 Bruising  
 Bleeding from wounds/cuts  
 No symptoms  
 Pain  
 Other

Where are you experiencing pain?

(check all that apply)

- Abdomen/stomach  
 Back  
 Side (flank pain)  
 Other

Other pain location \_\_\_\_\_

Other symptoms \_\_\_\_\_

## History of ED Visits and Hospitalizations

The next set of questions ask about any emergency department visits or hospitalizations you've had related to this illness.

How many times have you been to the emergency department for this illness (bleeding issues)?

- 0  
 1 time  
 2 times  
 3 times  
 4 times  
 >4 times

Have you been admitted to the hospital for this illness?

- Yes  
 No

How many times have you admitted to the hospital for this illness (bleeding issues)?

- 0  
 1 time  
 2 times  
 3 times  
 4 times  
 >4 times

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### Follow up Care Since Discharged from ED or Hospital

I am now going to ask you some questions about your medical care since you last left the emergency department or hospital (if you were hospitalized for this illness).

When did you leave the hospital?

\_\_\_\_\_

Are you seeing a healthcare provider to follow up on this illness?

- Yes  
 No

When is your next appointment?

\_\_\_\_\_

What kind of healthcare provider?

- Nurse  
 Doctor  
 Specialist (like a hematologist)  
 Other

Other type of healthcare provider

\_\_\_\_\_

Name of clinic/practice/hospital where healthcare provider is located

\_\_\_\_\_

Name of healthcare provider

\_\_\_\_\_

Address of healthcare provider

\_\_\_\_\_

At what type of facility are you receiving care?

- Outpatient clinic  
 Hospital-based clinic  
 Hospital emergency department  
 Health department  
 Other

Other facility type

\_\_\_\_\_

How many visits have you had for follow up care since you last left the hospital or emergency department?

- 1 visit  
 2 visits  
 3 visits  
 >3 visits  
 Don't Know

Has a healthcare provider tested your blood to see if you are still having issues with your blood (clotting) since you last left the emergency department or hospital?

- Yes  
 No  
 Unknown

Did the test show that you were still having issues with your blood (clotting)?

- Yes  
 No  
 Don't Know

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### Questions about Substance Use

Did you use kratom before you become ill?

- Yes  
 No  
 Unknown

Where did you purchase the kratom?

\_\_\_\_\_

Have you used any spice/K2 since you last left the hospital or emergency department?

- Yes  
 No  
 Refused  
 Don't Know

Do you think you will ever use K2/spice again?

- Yes  
 No

Those are all my questions. Are there any issues you would like to share with me that I didn't ask about today?

\_\_\_\_\_

Is this the best phone number to reach you?

- Yes  
 No

Would it be alright if someone called you back in about a week to ask you some additional follow up questions to see how you are doing?

- Yes  
 No

Best phone number

\_\_\_\_\_

Best time of day to reach you

\_\_\_\_\_

Thank you so much for your time. The information you provided will help us to identify any ongoing issues.

Comments from patient interview

\_\_\_\_\_

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### Use this section to manage any acute issues reported by the interviewed case

Any acute issues identified?

- Yes  
 No

Please describe any acute follow up issues identified

\_\_\_\_\_

Acute issue(s) escalated for follow up?

- Yes  
 No

Acute issue(s) resolved?

- Yes  
 No  
 Pending  
 Don't Know