

CORA™: Cardiac Outcomes Risk Assessment
A Personalized Cardiac Counselor for Optimal VAD Therapy

Interview Questions for Patients

Identifier # _____

Date: _____

This survey consists of four Parts. The first part asks a few questions about you and your health; the second part relates to your interaction with your medical team; the third part asks about your familiarity with technology; and the fourth part relates to your familiarity with decision aids. This entire survey should take about 30 minutes.

PART-1: About You

1. Is this the first time you are taking this survey? ☐ Yes ☐ No
 - a. if not the first time, approximately how long ago did you last take the survey?
2. What is the purpose of your visit today?
3. Do you know the diagnosis of your heart disease? How would you describe it?
4. In your opinion, how severe your medical condition? (circle one)
 - a. My health is about as good as people I know my age.
 - b. I have heart failure that limits the things I can do, but it's not a major problem.
 - c. I have heart failure that prevents me from doing some of the things I like to do.
 - d. I have severe heart failure that might kill me eventually (a year from now.)
 - e. I have severe heart failure that might prevent me from ever leaving the hospital.
- 5.-----D
o you think your condition is so severe that you need a heart transplant? Yes / No
- 6.-----I
f you were offered the option of a heart transplant, would you accept it? Yes / No
7. How familiar are you with ventricular assist devices? (circle one)
 - a. Never heard of them

- b. Somewhat familiar: I've heard of them, but not sure what they are, how they work, or what good they could do for me.
- c. Very familiar: I've read up on them and/or my doctor has told me about them and I have a good understanding about how they could (or could not) help me.

Part 2: Interaction with your medical team.

1. Do you know who your heart failure cardiologist is? (circle one)
 - a. Yes, his / her name is _____
 - b. Yes, I met him / her, but I cannot remember his name.
 - c. I really don't know.
2. Do you feel comfortable discussing your physical and emotional state with your physicians?
 - a. I am comfortable discussing both my physical and emotional state
 - b. I am comfortable discussing my physical condition, but not my feelings or emotions.
 - c. I am generally uncomfortable asking questions about my physical and emotional state.
3. Which of the following methods of communication makes you feel most comfortable asking questions from you doctor? (circle one)
 - a) In person b) Over the phone c) By email
4. If you had a safe and secure way of communicating with your medical team using either an email or messaging system, would you consider using it? (circle one)
 - a) Yes b) No c) Maybe
5. How interested are you in understanding your condition? (circle one)
 - a. I am very interested in learning everything I can about my condition.
 - b. I am somewhat interested.
 - c. I rely on the experts who know what they are doing.
6. Is there anything in particular you wish you knew more about? (i.e. more information to help interpret your test results or to better understand your treatment options)

7. About how much total time have you spent speaking with your doctor about your condition prior to taking this survey?
 - a. less than 15 minutes b. 15-30 minutes c. 30-60 minutes d. over an hour
8. Do you feel you spent adequate time, or wish you could spent more time with you doctor?
 - a. I am satisfied with the time spent with my doctor.
 - b. I was not able to ask all the questions of my doctor, but the staff (nurses, coordinators, etc.) were able to fill in my missing questions.
 - c. I wish I had more time to ask questions of my doctor.
 - d. I was satisfied at first, but later remembered questions I wish I had asked.
9. If you had access to your electronic health records, would you look at them and try to understand it?
 - a. Yes, I am eager to look at my records
 - b. No, I am not really interested in my records.
 - c. No, I don't think I would understand my records.

d. No, for another reason: _____

PART-3: Your familiarity with technology.

8. Have you done any internet research in the past regarding your heart failure?

- a. No: Proceed to next question.
- b. Yes: we would like to know what sites you visited, and your impressions of their helpfulness

	Did not visit	Visited: not useful.	Visited: useful
WebMD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HeartHope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____ *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* if you cannot remember the name, you can leave this blank.

9. If you visited one of these sites, was there any information that you were unable to find?

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10. Have you ever requested access to your medical records? (circle one)

- a. No.
- b. Yes, but I really could not understand the information.
- c. Yes, I found it to be informative.

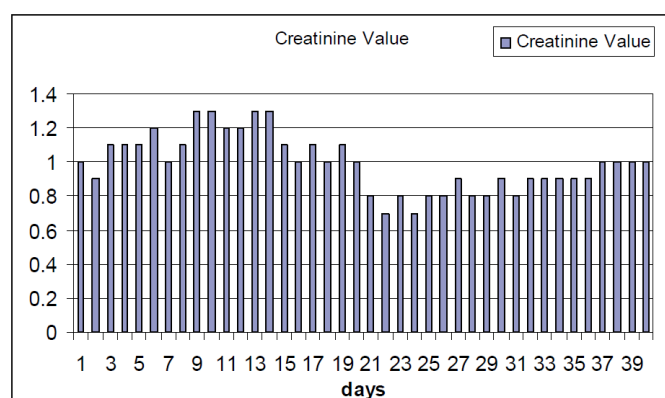
11. How frequently do you use the following electronic devices?

	Every day	Occasionally	Never
Smart phone (like iPhone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer (laptop or desktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

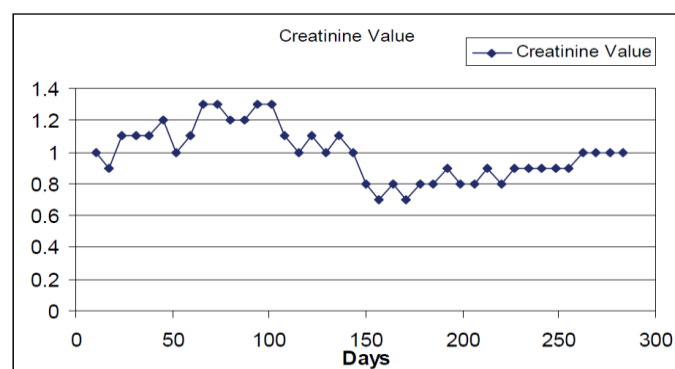
12. How comfortable are you understanding and interpreting the following types of graphs?

	Do not understand	Understand somewhat	Understand well
Bar Graph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Graph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pie Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

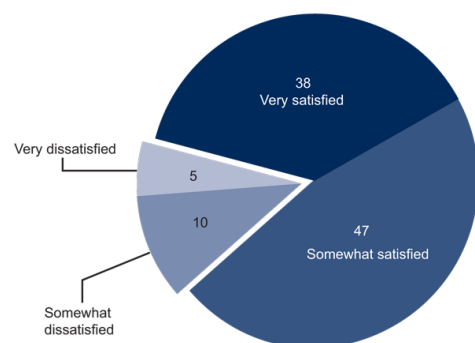
Bar Graph



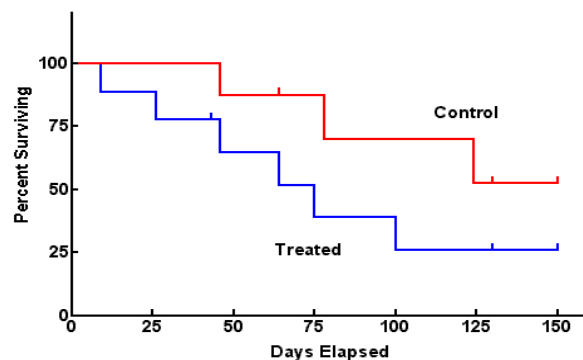
Line Plot



Pie Chart

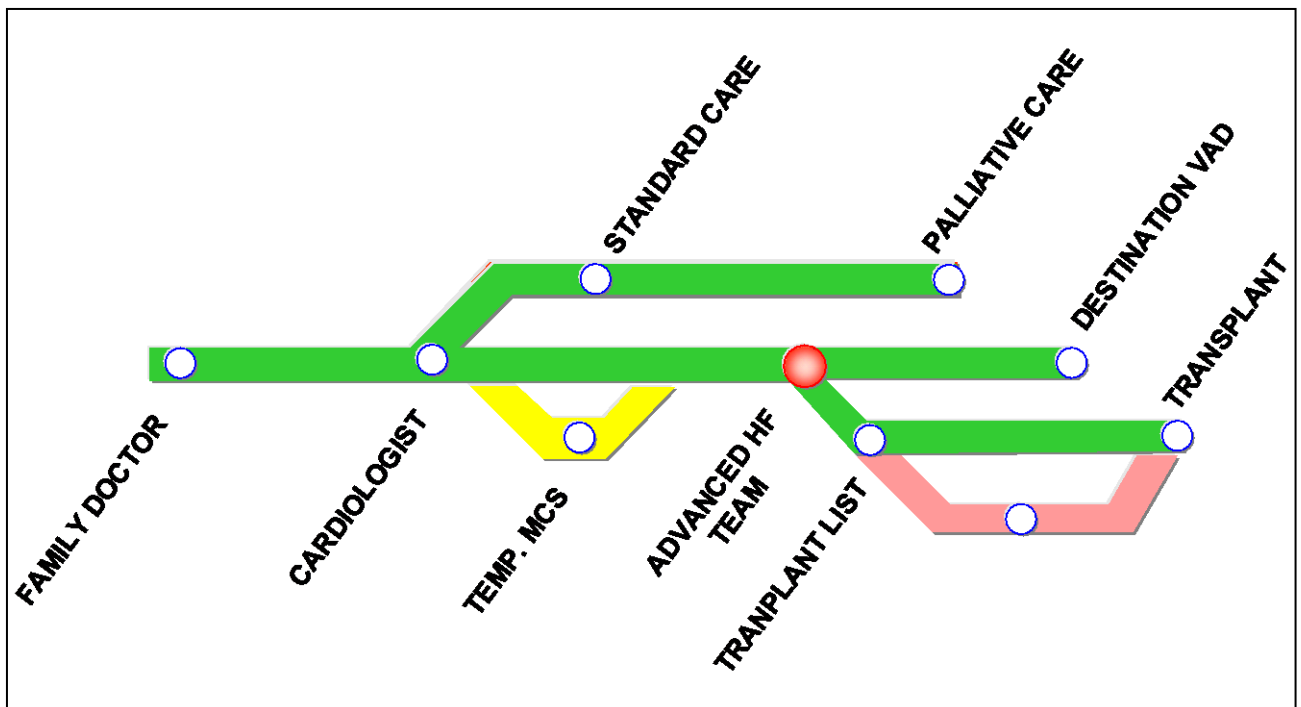


Survival Curve



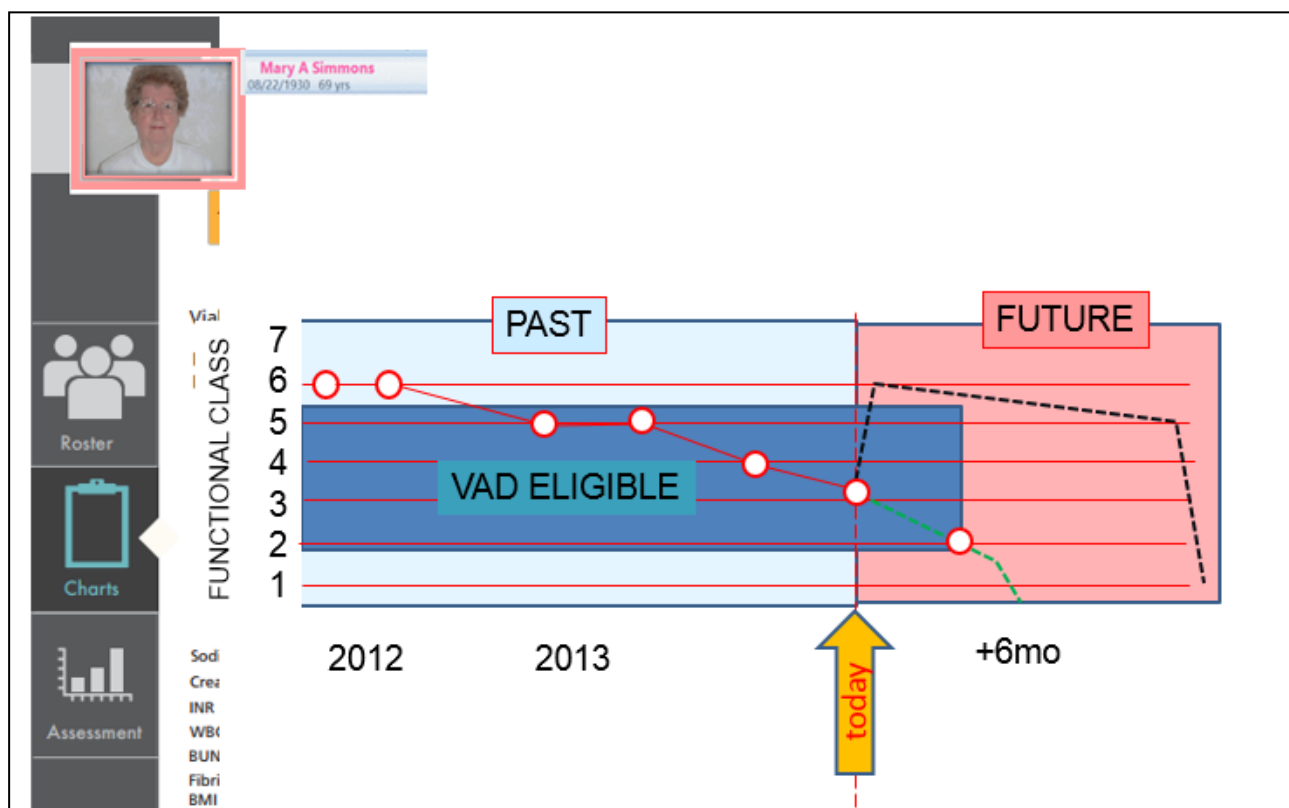
Part 4: Decision Aids and Shared Decision Making

13. Have you ever used a decision tool... like for buying a car or choosing a college?
a) yes (explain) _____ b) no
14. Which of the following statements best describes how you feel about your involvement in your treatment?
a) I feel like I have control over what treatments I receive and when.
b) I have no say whatsoever, the doctors just do what they want and never ask me.
c) I feel like I'm *too involved* ... the doctors can't make a decision on their own, without asking me.
d) none of the above
15. If you were given a "roadmap" that shows the progression of your health, and the decision points in your care, would you find that useful?
a. Yes, I think it would be very useful.
b. I think it would be somewhat useful.
c. I don't think it would be useful for me.



16. If there was a website or computer program that would show your prognosis (risk of death, becoming more sick, or side-effects of treatment) would that be useful?

- a. Yes, I think it would be very useful.
- b. I think it would be somewhat useful.
- c. I don't think it would be useful for me.



17. If there was a website where you could watch short videos of other patients like you telling stories of their experiences, would that interest you?

- yes
- maybe
- no

18. If you can imagine a computer “wizard” that could answer all your questions about your health, or your treatment choices, what would you ask?

This concludes the survey. Thanks for your participation!