

Patient Self-Report: Use of LEAPS Skills (Pre-visit)

Thinking about your past medical visits, please reflect on your use of the following communication practices with your health care provider (HCP), for example: physicians, physician assistants and nurses.

Check one box.

| | Never used | Not used in this visit | Used in this visit |
|---|------------|------------------------|--------------------|
| Tell the HCP about all of your medical problems | | | |
| Tell the HCP which problems are most important to you | | | |
| Set an agenda for the visit | | | |
| Tell the HCP things about yourself that will help him/her understand the kind of person you are | | | |
| Summarize what you know about your health condition or your treatment | | | |
| Say what you think about your condition (what caused it; what makes it better/worse) | | | |
| Check that the HCP clearly understood important information that you gave him/her | | | |
| Ask the HCP for an explanation of medical terms | | | |
| Ask questions about your condition and treatment | | | |
| Check that you understand what the HCP said by putting it into your own words | | | |
| Summarize key treatment points before leaving the office to be sure you have it right | | | |
| Identify the problems you have in taking care of your health | | | |
| Problem-solve ways to overcome problems you have in taking care of your health | | | |
| Brainstorm different ways to manage your health problem | | | |
| Actively participate in decision making by talking about treatment risks and benefits | | | |
| Ask the HCP for reassurance about your problem or treatment | | | |
| Tell your HCP about your health worries and concerns | | | |
| Acknowledge ways that help you best work together with your HCP | | | |

Patient #: _____ Date: _____

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Time to Talk CARDIO Patient Evaluation (Pre-visit)

This evaluation is designed to help you identify specific communication challenges that you may be having during medical visits with your health care provider (HCP), for example: physicians, physician assistants and nurses. It will be most useful if you think of a particular visit that did not go as well as you would have liked.

Please circle the response that best reflects how you feel the visit went.

1. The HCP was not aware of what I thought was causing my medical symptoms.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

2. The HCP sometimes used medical terms that were confusing.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

3. I was not satisfied with the amount of time the HCP spent with me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

4. The HCP did not help me to identify behavior change strategies (related to diet, exercise, smoking cessation or stress reduction) that might help me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

5. The HCP did not ask about my preferences when recommending specific lifestyle changes.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

6. The HCP did not effectively address my fears and concerns.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

7. The HCP did not seem to understand the importance of the information I gave to him/her about my problem.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

8. The HCP did not explain my medical problem to me in a way I could easily understand.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

9. The HCP did not address all of the problems I wanted to discuss.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

10. The HCP was not very clear in describing exactly what he/she wanted me to do.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

11. It was not easy to ask for more details about the tests or treatments that the HCP discussed.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

12. The HCP was not able to help me feel confident about my health and treatment.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

13. The HCP did not seem to understand why I was so concerned about my health problems.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

14. I was not comfortable asking the HCP questions.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

15. There were concerns I wanted to raise but could not because of time.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

16. The HCP made a treatment plan that was too difficult for me to follow.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

17. The HCP did not discuss other options in case the recommended treatment does not work for me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

18. I had trouble connecting emotionally with this HCP.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

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Patient Self-Report: Use of LEAPS Skills (Post-visit)

Thinking about the medical visit that you just had with your health care provider (HCP), for example: physicians, physician assistants and nurses, please reflect on your use of the following communication practices.

Check one box.

| | Never used | Not used in this visit | Used in this visit |
|---|------------|------------------------|--------------------|
| Tell the HCP about all of your medical problems | | | |
| Tell the HCP which problems are most important to you | | | |
| Set an agenda for the visit | | | |
| Tell the HCP things about yourself that will help him/her understand the kind of person you are | | | |
| Summarize what you know about your health condition or your treatment | | | |
| Say what you think about your condition (what caused it; what makes it better/worse) | | | |
| Check that the HCP clearly understood important information that you gave him/her | | | |
| Ask the HCP for an explanation of medical terms | | | |
| Ask questions about your condition and treatment | | | |
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Time to Talk CARDIO Patient Evaluation (Post-visit)

Thinking about the visit you just had with your health care provider (HCP), for example: physicians, physician assistants and nurses, please circle the response that best reflects how you feel the visit went.

1. The HCP was not aware of what I thought was causing my medical symptoms.

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| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

2. The HCP sometimes used medical terms that were confusing.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

3. I was not satisfied with the amount of time the HCP spent with me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
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4. The HCP did not help me to identify behavior change strategies (related to diet, exercise, smoking cessation or stress reduction) that might help me.

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5. The HCP did not ask about my preferences when recommending specific lifestyle changes.

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|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
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|-------------------|----------|---------|-------|----------------|
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| 1 | 2 | 3 | 4 | 5 |

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|-------------------|----------|---------|-------|----------------|
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| 1 | 2 | 3 | 4 | 5 |

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|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

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| 1 | 2 | 3 | 4 | 5 |

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|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

16. The HCP made a treatment plan that was too difficult for me to follow.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

17. The HCP did not discuss other options in case the recommended treatment does not work for me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

18. I had trouble connecting emotionally with this HCP.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

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Patient General Survey (Post-visit; Test Group Only)

Your feedback on the Time to Talk CARDIO web site and materials is important to us. Please circle your responses to the following statements.

1. The Time to Talk CARDIO web site was helpful to me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

2. I will recommend the Time to Talk CARDIO web site to a friend or family member.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

3. I learned new information from the Time to Talk CARDIO web site.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

4. The patient brochure was helpful in preparing for my office visit.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

5. My provider and I used a goal setting worksheet that was helpful for me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

6. I feel more satisfied with my office visit.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

7. I feel I have improved communication with my provider.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

8. I feel satisfied with the length of time my provider spent with me.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

9. I understand my treatment plan.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

10. I will follow my provider's instructions.

| | | | | |
|-------------------|----------|---------|-------|----------------|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

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