APPENDIX A

PATIENT INTERVIEW SCHEDULE

Subject code: ………..

1. CLINICAL DETAILS

1.1 DOB ____/____/_________ Age: ___________

1.2 Number of years of formal education _________________________

1.3 Why do you need to take warfarin?

☐ 1. Artificial heart valve ☐ 2. Thrombophlebitis ☐ 3. Coagulopathy

☐ 4. Pulmonary embolism

☐ 5. Other __________________________

1.4 When were you started on warfarin? ___ ___/ ___ ___/ ___ ___ ___ ___

1.5 Did you have a pregnancy test before starting warfarin? ☐ 1. No ☐ 2. Yes

1.6 How much warfarin do you take every day? __________________________

1.7 Do you take other medications? ☐ 1. No ☐ 2. Yes

1.7.1 If yes, what are these medications?

Name ________________ Dose ______________ Started __________

Name ________________ Dose ______________ Started __________

Name ________________ Dose ______________ Started __________

1.8 What are your INR results for the current visit ________________?

Previous visit ________________?

6 months ago ________________?
2. OBSTETRIC HISTORY

2.1 Were you advised to use family planning (contraception) because you take warfarin?
   ☐ 1. Yes  ☐ 2. No

2.2 What method of family planning (contraception) do you use?
   ☐ 1. OCP  ☐ 2. Injectable hormones  ☐ 3. Sterilized
   ☐ 4. IUCD  ☐ 5. Barrier method (condom)  ☐ 6. None
   ☐ 7. Other

2.3 Were you given information regarding the effects of warfarin in pregnancy?
   ☐ 1. No  ☐ 2. Yes

2.3.1 If yes, who gave you this information?
   ☐ 4. Other ________________________________

2.4 How do you think warfarin can affect your pregnancy?
   ☐ 1. Can harm me _____________________________________________
   ☐ 2. Can harm my baby _________________________________________
   ☐ 3. Has no harmful effect _______________________________________

2.5 Were you ever referred to the Genetic Counselling Clinic to discuss the effects of warfarin in pregnancy?
   ☐ 1. No  ☐ 2. Yes

2.5.1 If yes, did you have counselling
   ☐ 1. before pregnancy?
   ☐ 2. during pregnancy?
   ☐ 3. after pregnancy?
2.6 Please give the following information regarding your pregnancies:

<table>
<thead>
<tr>
<th>Date</th>
<th>Sex</th>
<th>Outcome*</th>
<th>Gest age</th>
<th>Mode of delivery</th>
<th>Obs Cardiac Clin att</th>
<th>Warfarin (Y/N)</th>
<th>Gest age used</th>
<th>Heparin (Y/N)</th>
<th>Gest age used</th>
<th>Details</th>
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* 1 = normal liveborn  
  2 = abnormal liveborn  
  3 = spontaneous miscarriage  
  4 = TOP  
  5 = stillbirth  
  6 = ectopic pregnancy