APPENDIX A

PATIENT INTERVIEW SCHEDULE

	Subject code:				
1. CLINICAL DETAILS					
1.1 DOB//	Age:				
1.2 Number of years of formal edu	cation				
1.3 Why do you need to take warfar	rin?				
$\Box_{1.}$ Artificial heart valve	\square 2. Thrombophlebitis	□ 3. Co	oagulopathy		
□4. Pulmonary embolism					
□ 5. Other					
1.4 When were you started on warfa	arin?///				
1.5 Did you have a pregnancy test b	before starting warfarin?	🔲 1. No	□ 2. Yes		
1.6 How much warfarin do you take	e every day?				
1.7 Do you take other medications?		□1. No	2. Yes		
1.7.1 If yes, what are these med	ications?				
Name	Dose	Starte	d		
Name	Dose	Starte	d		
Name	Dose	Starte	d		
1.8 What are your INR results for t	he current visit	?			
	Previous visit	?			
	6 months ago	?			

<u>2. OBSTETRIC HISTORY</u>

2.1 Were you advised to use family planning (contraception) because you take warfarin?					
$\square_{1. \text{Yes}}$ $\square_{2. \text{No}}$					
2.2 What method of family planning (contraception) do you use?					
$\square_{1. \text{ OCP}}$ $\square_{2. \text{ Injectable hormones}}$ $\square_{3. \text{ Sterilized}}$					
$\square_{4. \text{ IUCD}}$ $\square_{5. \text{ Barrier method (condom)}}$ $\square_{6. \text{ None}}$					
\Box 7. Other					
2.3 Were you given information regarding the effects of warfarin in pregnancy?					
$\Box 1. \text{ No} \qquad \Box 2. \text{ Yes}$					
2.3.1 If yes, who gave you this information?					
\square 1. Doctor \square 2. Nurse \square 3. Genetic counsellor					
□ 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? $\Box_{1. \text{ No}} = 2. \text{ Yes}$					
2.5.1 If yes, did you have counselling \Box 1. before pregnancy?					
□ 2. during pregnancy?					
□ 3. after pregnancy?					

2.6 Please give the	following information	on recording your	nroononoioa
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	iono ning intornau		production of the second

Date	Sex	Outcome*	Gest age	Mode	Obs	Warfarin	Gest age	Heparin	Gest age	Details
				of	Cardiac	(Y/N)	used	(Y/N)	used	
				delivery	Clin att					

* 1 = normal liveborn

2 = abnormal liveborn

3 = spontaneous miscarriage

4 = TOP

5 = stillbirth

6 = ectopic pregnancy