

Making Choices about My Medication

Please take a few moments to answer these questions. There are no right or wrong answers. We want to know how you feel.

1. Today, we have discussed atrial fibrillation and its possible consequences. As we mentioned, there are several options to reduce your risk of stroke, but as with all medications, there are potential side effects. At this time, would you say you (please check (✓) the one box)

- haven't begun to think about the choices
- haven't begun to think about the choices, but are interested in doing so
- are considering the choices now
- are close to making a choice
- have already made a decision, but still willing to consider
- have already made a decision, and are unlikely to change my mind

2. How satisfied are you with your current stroke prevention therapy for atrial fibrillation? Please circle a number from 1 to 5 that best shows how you feel.

1	2	3	4	5
Not satisfied at all		Neutral		Very satisfied

3. If you were asked right now to make a choice about taking warfarin, or aspirin, or nothing to prevent stroke, what would you choose? Check (✓) the one box that shows your choice.

Warfarin Aspirin Neither Undecided

4. Some people want to make their own decision about taking medications to prevent stroke. Others want their doctor to make the decision for them. Still others want to share the information with their doctor. Who do you think should make the decision about medications to prevent stroke?

Check (✓) the one box that shows your opinion. There is no right or wrong answer, we want to know what you prefer.

- I prefer to make the final decision.
- I prefer to make the final decision after seriously considering my doctor's opinion.
- I prefer that my doctor and I share responsibility for making the final decision.
- I prefer that my doctor makes the final decision, but seriously considers my opinion.
- I prefer to leave the decision to my doctor.