Supplemental Online Content

Jones B, James P, Vijayasiri G, et al. Patient perspectives on care transitions from hospital to home. *JAMA Netw Open*. 2022;5(5):e2210774. doi:10.1001/jamanetworkopen.2022.10774

eAppendix. I-MPACT Patient Reported Outcomes Survey (PROs) Questionnaire

This supplemental material has been provided by the authors to give readers additional information about their work.
I-MPACT Patient Reported Outcomes Survey (PROs) Questionnaire

Questions 1-12 answered by patient or caregiver.

Question 1. What is your current age?
NOTE: Patients under the age of 18 may not answer the questions. Enter the response and thank the patient for their time. Survey will end after an age under 18 is selected and “Next” button is clicked.

Age: _____

Question 2. Before returning home, were you given the name of a doctor or clinic to call if your symptoms worsened?
NOTE: A specific name is not required (eg, Susan Jones), but the patient should feel confident that the number of someone who could help them was available. Instructing the patient to call: a general hospital number, 911, or a PCP without providing a doctor/clinic name and phone number would not be sufficient.

- Yes
- No
- Not Applicable

Question 3. Have you been able to take each of your medications as prescribed?
NOTE: “as prescribed” means taking all existing medications, modified medications (whether modified by dose or frequency), and/or new medications prescribed while in the hospital.

- Yes
- No
- Not Applicable

Question 3b. Why weren't you able to take each of your medications as prescribed? Was it any of the following reasons? (Only asked if Q3 response is “No”)

- Lack of transportation to pick up prescriptions
- It cost too much to fill all of the prescriptions
- Confused about medication instructions or what to take
- Prescribed the wrong medication
- Other ________________________________

Question 4. When you returned home, how many phone calls did you receive from medical providers or insurers to see how you were doing?

NOTE: Examples of medical providers are: home health nurse, social worker, nurse navigator, doctor, PA or call center representing a medical care professional, institution, or insurance provider.

- None
- 1-2
- 3-4
- 5 or more

Question 4b. Did you find the phone calls helpful? (Skipped if Q4 response was “None”)

- Very Helpful
- Helpful
- Not Helpful
Question 5. When you returned home, were you confident using your medical equipment or inhalers?

NOTE: Examples of medical devices are: oxygen tanks, nebulizers, wheelchairs, crutches, walkers, heart monitors, medication pumps (insulin or other), LVAD charger/batteries, inhaler, auto lancet, insulin needles, ostomy supplies, etc. If a patient notes trouble with their equipment/devices, even if it has been resolved by the time of the call, their lack of confidence should be recorded for this response but the “follow-up” about patient confidence may not be necessary.

- Confident
- Not Confident
- Never received devices, inhalers, or other equipment
- Not Applicable

Question 6. Have you seen a doctor since you were discharged, or do you have an appointment scheduled?

- Yes, has seen a doctor since discharge
- No, has not seen a doctor yet but has an appointment scheduled
- No, has not seen a doctor and does not have an appointment scheduled
- Other __________________________________________

Question 7. Did you talk to your doctor about your personal health goals?

NOTE: Examples of personal health goals are: wanting to be able to live independently, getting out of the house weekly, being healthy enough to fly to a family event, etc.

- Yes
- No

Question 8. Did you feel prepared to go home? Please choose from one of the following:

- I felt prepared to go home
- I didn't feel prepared to go home, but it did not affect my health
- I didn't feel prepared to go home, and it did affect my health

Question 9. Are you worried about any of the following? Please answer yes or no after each option:

- Affording prescriptions, medical equipment, PT, home health
- Affording doctor visits and co-pays
- Affording basic needs – food, heating/cooling
- Transportation to doctor appointments, pharmacy, grocery store, etc.
- Having enough help at home to take care of myself
- Other __________________________________________
- None

Question 10. When you returned home, was there anything you found helpful or would like to suggest to improve your future care?

____________________________________________

Question 11. What is your current living situation?
Lives at home with others
Lives at home alone
Other ____________________________

Question 12. Would you be willing to share your race?
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other ____________________________

Questions 13-17 answered by interviewer after phone interview ends, based on information in medical record.

Question 13. Select the target population the patient falls into:
- Acute Myocardial Infarction (AMI)
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD) with Pneumonia
- Chronic Obstructive Pulmonary Disease (COPD) without Pneumonia
- Pneumonia
- Skilled Nursing Facility (SNF)
- Other (or NON-I-MPACT Target Population)

Question 14. What Hospital/SNF was the patient discharged from?
- I-MPACT Cluster Hospital/SNF
- Other Hospital/SNF

Question 15. What is the patient's gender?
- Female
- Male

Question 16. Who is the patient's primary insurance payer?
- Medicare
- Medicaid
- Other (Commercial/PPO/HMO)

Question 17. Who answered the interview questions?
- Patient
- Caregiver/Family Member