

Appendix A

Staying in touch with us is important. Please ensure that we have your up-to-date contact information at all times. To provide an update please call 1-944-310-0585. Did you know that I have a website full of recipes and health tips? If you have internet access, it's easy to find - just drop by at www.MyMoxie.ca/resources. No log-in required.



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ACCESS Trial | University of Calgary | HSC C238 - 3530 Hospital Drive | Calgary, Alberta | T2N 4N1

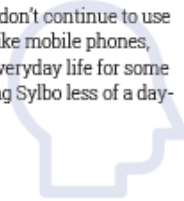


You can whistle while you work or just to pass the time. But did you know some people can whistle to communicate? In the remote village of La Gomera, in the Canary Islands, speakers use the shrill tones of the whistle to communicate across miles and miles of farmland.

This remarkable language, known as Sylbo, developed because residents needed to communicate quickly without the use of technology, particularly when Spanish colonizers forced locals into labor. Residents would whistle loudly to warn of trucks attempting to gather workers for dangerous jobs. Sylbo became a language of resistance for the community and remains part of the fabric of their culture.

You'd think that it would be hard to make out words from whistling, but it's become second nature for these folks. The sounds are almost the same as birds chirping, and when more than one person is speaking, picking up distinctions can be even more confusing. However, the sheer range of a simple whistle is not what makes this language so miraculous. Speakers of Sylbo can make sounds that can travel as far as two miles! They use high pitches paired with quick and slow breath speeds to form complex sentences.

Sylbo speakers regard the language as a huge part of their heritage but fear its potential demise. Like most languages, Sylbo will change and evolve, but some are worried it will become completely obsolete if they don't continue to use it. Emerging technologies, like mobile phones, have made their way into everyday life for some people in La Gomera, making Sylbo less of a day-to-day necessity.






Thankfully, there are elders in the community working to make sure Sylbo is here to stay. In order to keep this tradition and language alive, children learn it in school while they also learn Spanish, their other native tongue. Children are taught from a young age to master the perfect technique with the right pitch and volume.



Like Sylbo speakers, you have learned over the years how to adapt and change in response to your body's needs. Quitting smoking is not easy, but it's necessary to improve your health and quality of life, and it requires the same kind of creativity and dedication that creating a new language does. And remember, I'm here to be your helping hand throughout your journey, and there's nothing better than seeing your progress. Keep up the good work!

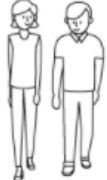


Appendix B


Moxie

Recipes  Active Living  Health Tips 



Hi, Sophia  



Were you active yesterday?



Have you made any healthy changes to your everyday eating in the last six months?

Appendix C

The ACCESS Study (REB13-1241)

List of Medications you will receive free of charge (without copayment)

Antiarrhythmics

Disopyramide (*Rythmodan*)
Procainamide (*Procan*)
Mexilentine (*Mexilentine*)
Flecainide (*Tambocor*)
Propafenone (*Propafenone/Rythmol*)
Amiodarone (*Amiodarone/Cordarone*)
Digoxin (*Toloxin*)

Nitrates and Nitrites

Isosorbide Dinitrate (*Cedocard-SR*)
Isosorbide-5-Mononitrate (*Imdur*)
Nitroglycerin
(*Nitrostat/Nitro/Nitrolingual/Nitro-
dur/Trinipatch/Minitran/Nitrol*)

Statins

Atorvastatin (*Lipitor*)
Rosuvastatin (*Crestor*)
Simvastatin (*Zocor*)
Pravastatin (*Pravachol*)
Fluvastatin (*Lescol*)
Lovastatin (*Mevacor*)

Non-statin Cholesterol Lowering Drugs

Cholestyramine (*Olestyr*)
Colesevelam (*Lodalis*)
Colestipol (*Colestid*)
Bezafibrate (*Bezalip*)
Fenofibrate (*Feno-micro/Feno-
Super/Lipidil Supra*)
Gemfibrozil (*Lopid*)
Ezetimibe (*Ezetrol*)
Evolucumab (*Repatha*)

Beta Blockers

Acebutalol (*Sectral*)
Atenolol (*Tenormin/Tenoretic/Atenidone/
Atenolthalidone*)
Bisoprolol (*Zebeta*)
Carvedilol (*Coreg, Coreg CR*)

Labetalol (*Trandate*)
Metoprolol (*Lopresor*)
Propranolol (*Inderal*)
Sotalol (*Betapace*)
Nadolol (*Nadol*)

ACE-inhibitors

Benazepril (*Lotensin*)
Cilazapril (*Inhibace/Inhibace Plus*)
Enalapril (*Vasotec/ Vaseretic*)
Perindopril (*Coversyl/Coversyl Plus*)
Captopril (*Capoten*)
Fosinopril (*Monopril*)
Lisinopril (*Zestril/Prinivil/Zestoretic*)
Ramipril (*Altace*)
Quinapril (*Accupril/Accuretic*)
Trandolapril (*Mavik*)

Angiotensin Receptor Blockers

Candesartan (*Atacand/Atacand Plus*)
Eprosartan (*Teveten/Teveten Plus*)
Irbesartan (*Avapro / Avalide*)
Losartan (*Cozaar / Hyzaar*)
Telmisartan (*Micardis/Twynsta/ Micardis
Plus*)
Valsartan (*Diovan*)
Olmesartan (*Olmetec/Olmetec Plus*)
Entresto (*Sacubitril/Valsartan*)

Calcium Channel Blockers

Nifedipine (*Adalat XL*)
Amlodipine (*Norvasc*)
Felodipine (*Plendil*)
Diltiazem (*Diltiaz/Cardizem / Tiazac*)
Verapamil (*Verap/Isoptin SR*)

Diuretics

Hydrochlorothiazide (*Hydrazide/Hydro*)
Furosemide (*Lasix*)
Spironolactone (*Aldactone /
Aldactazide*)
Indapamide (*Lozide*)

Metolazone (*Zaroxolyn*)
Chlorthalidone (*Thalitone*)
Amiloride (*Midamor/ Novamilor*
/Amilizide)
Triamterene (*Triazide*)
Ethacrynic Acid (*Edecrin*)

Anti-platelet Agents

Clopidogrel (*Plavix*)
ASA-Dipyridamole (*Aggrenox*)
Ticagrelor (*Brilinta*)*

Anti-diabetes Medications

Metformin (*Glucophage*)
Glipizide (*Glucotrol*)
Gliclazide (*Diamicon*)
Glyburide (*Diabeta*)
Glibenclamide (*Euglucon*)
Acarbose (*Glucobay*)
Repaglinide (*Gluconorm*)
Linagliptin (*Trajenta/Jentaducto*)*
Saxagliptin (*Onglyza*)*
Sitagliptin (*Januvia/Janumet*)*
Pioglitazone (*Actos*)
Rosiglitazone (*Avandia/Avandamet*)
Dapagliflozin (*Forxiga*)*
Empagliflozin (*Jardiance*)*
Canagliflozin (*Invokana*)*
Linagliptin/Metformin HCL (*Jentaducto*)*
Sitagliptin / Metformin HCL (*Janumet*)*
Komboglyza*

Other Blood Pressure Medications

Clonidine (*Catapres/Clonidine*)
Methyldopa (*Aldomet*)

Hydralazine (*Apresoline*)
Minoxidil (*Loniten*)
Doxazosin (*Cardura*)
Prazosin (*Prazo*)
Terazosin (*Hytrin*)

Anticoagulants

Warfarin (*Coumadin*)
Rivaroxaban (*Xarelto*)*
Dabigatran (*Pradaxa*)*
Apixaban (*Eliquis*)*
Dalteparin (*Fragmin*)
Tinzaparin (*Innohep*)
Enoxaparin (*Lovenox*)
Heparin (*Heparin Leo*)
Nadroparin (*Fraxiparine*)
Fondaparinux (*Arixtra*)
Danaparoid (*Orgaran*)

Insulin

Insulin Aspart (*Novorapid*)
Insulin Detemir (*Levemir*)
Insulin Glargine (*Lantus*)
Insulin Glulisine (*Apidra*)
Insulin R (*Novolin/Humulin*)
Insulin Lispro (*Humalog*)
Insulin Humulin 30/70
Insulin Humulin N
Insulin Humulin R
Insulin Novolin NPH
Insulin Novolin Toronto
Insulin Novolin Mix (30/70, 40/60, 50/50)

Smoking Cessation Aids

Varenicline (*Champix*)

Appendix D

Hi there,

Moxie here, thanks so much for taking the time to tell me about your experience with MOXIE so far. It's been a great journey and we want to keep making our messages relevant and important for you. In this one-time survey, we would really appreciate your thoughts and comments to help us improve.

Thanks again, MOXIE

1. What do you like about Moxie?

2. How helpful do you find the info you receive through Moxie? (*Pick one*)

- Very helpful
 Helpful
 Not particularly helpful
 Not helpful

3. What kind of messages & materials from Moxie do you find the most helpful? (*Check all that apply*)

- Mailer stories
 MyMoxie.ca flip cards
 Recipes
 Pedometer
 Other, specify: _____
- Email messages
 MyMoxie.ca articles
 Special gifts

4. How do you find the information from Moxie? (*Pick one*)

- Sometimes difficult to understand, ideas need more explanation and/or writing doesn't make sense
 Easy to understand, and I have no problem understanding the concepts
 Too simple, please give me more in-depth information

5. How often do you use MyMoxie.ca, Moxie mailers or Moxie emails as a resource?

	Daily	Weekly	Monthly	Less than Monthly	Never
Mailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mymoxie.ca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moxie emails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What would you change about Moxie? (*Check all that apply*)

- More frequent contact
 Different style of messages, such as: _____
 Anything else? _____
- Less frequent contact
 New material, such as: _____
 Keep it the same

7. Did you take the letters you received at the beginning of the study to your doctor and / or pharmacist? (*Pick one*)

- I took them to my doctor
- I took them to my pharmacist
- I took them to both
- I didn't take them to either (*see below*)

Please answer questions 8, 9 and 10

If you didn't take the letters to your doctor and/or pharmacist, please tell me why:

8. How do you feel about the letters you received at the beginning of the study? (*Check all that apply*)

- They were helpful in starting a discussion about my medications
- They were not particularly helpful (*see below*)
- They were helpful in getting me started on a new medication that I wasn't previously taking

Please specify why the letters were not particularly helpful:

9. What do you think your doctor or pharmacist thought of the messages in these letters?

	Very interested	Somewhat interested	Not particularly interested	Dismissive/ didn't bother to read it	Upset
Family doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Has Moxie changed your perspective on your health?

- Yes
- No

Please answer questions 11 and 12

11. How has Moxie changed your perspective on your health? (*Check all that apply*)

- I have better strategies to manage my medication(s)
- I feel like my communication has improved with my medical team
- It helps me stay motivated to exercise
- I feel like my relationship has improved with my medical team (doctor, specialist, nurses, pharmacist etc.)
- I know more about how to adjust my diet to help manage my health condition(s)
- I have better strategies to deal with stress

12. Is there anything else you that would like to tell us about Moxie?

The following questions are about the free preventative medications that you have been receiving for your chronic conditions. We would like to get your feedback on how this has impacted your life to date. We would really appreciate you taking a few more minutes to complete this portion of the survey.

13. Since enrolling in the ACCESS Study 6 months ago, how often have you had difficulty paying for services, equipment or medications you need to help you manage your chronic condition? (Including items such as glucometers, glucometer strips, blood pressure cuffs and medications.) *(Pick one)*

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't know

Please answer questions 14 and 15

14. In the past 6 months, what type of services, equipment, or medication did you have a difficult time accessing due to cost? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Prescription medication | <input type="checkbox"/> Laboratory tests or other diagnostic tests |
| <input type="checkbox"/> Visits to a doctor | <input type="checkbox"/> Mobility equipment
(eg. Wheelchairs, walkers, etc.) |
| <input type="checkbox"/> Equipment such as
glucometer,
glucometer strips | <input type="checkbox"/> Therapy services such as rehab services,
including physiotherapy |
| <input type="checkbox"/> Don't know | |
| <input type="checkbox"/> Other, please specify: _____ | |

15. In the past 6 months, how often did you **not** get the services, equipment or medications you needed due to cost? *(Pick one)*

- Always
- Often
- Sometimes
- Rarely
- Never
- Don't know

16. We would like to know how much money you spend on your medications. (Depending on how often you refill your medications, it may be easier for you to estimate this on a monthly basis or every 3 months.

Before enrolling in the ACCESS trial (~7 months ago)		Currently – with ACCESS Study free preventive medications.		How much do you think would be reasonable for you to spend on medications?	
\$ _____	<input type="checkbox"/> per month <input type="checkbox"/> per 3 months	\$ _____	<input type="checkbox"/> per month <input type="checkbox"/> per 3 months	\$ _____	<input type="checkbox"/> per month <input type="checkbox"/> per 3 months

17. How much of a difference have these savings made in your life? (Pick one)

- Major improvement
- Slight improvement
- I haven't seen any savings from the ACCESS Study

Please answer questions 18, 19, and 20

18. What have you done with the money you have saved on medications? (Check all that apply)

- Used it on testing supplies
- Used it on my other medications that weren't covered
- Other, please specify: _____
- Used it on healthier foods
- Used it on physical activities
- Don't know

19. Has receiving some of your medications for free helped in any other ways? (Check all that apply)

- Yes
- No

How has this additional coverage helped?

- Allowed me to better provide for other family members (eg. Spouse, children)
- I don't have to cut back as much in other areas of my life
- Provided some "peace of mind"
- Don't know
- Other, please specify: _____

Please skip to question 20 on page 5 of this survey

20. Has receiving some of your medications for free helped you take your medications as prescribed?
(Pick one)

- Yes, a great deal
- Yes, but only a little
- Not really
- Not at all

Please answer questions 21 and 22

21. If you answered yes, in what ways? (Check all that apply)

- I can afford to refill prescriptions on time
- I don't have to stretch prescriptions or take medication less frequently
- I have been able to start a new medication
- I can afford to take some medications that were too expensive to even fill

22. Since enrolling in the ACCESS Study 6 months ago, have you spent less on any of the following in order to pay for costs associated with your medical condition(s) (for instance, your prescription medications)? (Check all that apply)

- Food
- Housing
- Heat for your dwelling
- Car, public transit, or other transportation costs
- Other: _____
- Leisure or vacation
- Other healthcare expenses
- No – have not spent less on anything

23. Is there anything else you that would like to tell us about the ACCESS Study?
