



Heart care questionnaire

What is the survey about?

This survey is about your experience of care for heart problems provided by National Health Service hospitals in your area.

Who should complete the questionnaire?

The questions should be answered by the person named on the front of the envelope. If that person needs help to complete the questionnaire, the answers should be given from his/her point of view – not the point of view of the person who is helping.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

Please do not write your name or address anywhere on the questionnaire.

If you have any queries about the questionnaire, please call us on the FREEPHONE helpline **0800 1975273**.

Your participation in this survey is voluntary.

If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated **in confidence**

XXXXXX

A. TYPE OF ADMISSION

Please remember, this questionnaire is about your **most recent admission** to the hospital named in the letter that came with this questionnaire.

A1. Was your hospital stay planned in advance or an emergency?

- 1 Emergency/dialled 999/immediately referred by GP or NHS direct → **Go to B1**
- 2 Waiting list or planned in advance → **Go to B9 on Page 3**
- 3 Transferred from another hospital → **Go to B9 on Page 3**
- 4 Something else → **Go to B1**

B. GOING INTO HOSPITAL

Emergency or immediately referred

B1. Before going into hospital, how long **after your symptoms started** did you wait before contacting a doctor or ambulance, or going to the hospital?

- 1 0 to 3 minutes → **Go to B3**
- 2 4 to 15 minutes → **Go to B3**
- 3 16 to 30 minutes → **Go to B3**
- 4 31 minutes to 1 hour → **Go to B2**
- 5 More than 1 hour → **Go to B2**
- 6 Not sure/ Can't remember → **Go to B2**

B2. If you waited 30 minutes or more before calling a doctor or ambulance, what was your **main** reason for waiting?

- 1 I thought it might settle down on its own
- 2 I thought it might be indigestion
- 3 It was a weekend or night time
- 4 Another reason
- 5 Not sure/ Can't remember

B3. Did you travel to the hospital in an ambulance?

- 1 Yes → **Go to B4**
- 2 No → **Go to C1**

B4. Who called the ambulance?

- 1 I called it myself → **Go to B5**
- 2 A friend/relative called it → **Go to B5**
- 3 My GP called it → **Go to B7**
- 4 NHS Direct called it → **Go to B7**
- 5 Other → **Go to B7**

B5. Did the ambulance staff give you (or the person who called the ambulance) any advice on the phone about what to do before the ambulance arrived?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

B6. Did someone from the ambulance service stay on the phone until the ambulance arrived?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

B7. Did the ambulance arrive quickly enough?

- 1 Yes
- 2 No, it should have been **a bit quicker**
- 3 No, it should have been **a lot quicker**

B8. Were you given any of the following treatments by a GP or the ambulance crew?
(Please tick ALL that apply)

- 1 Aspirin
- 2 Painkillers (such as morphine)
- 3 Thrombolytics (clot-busting drugs such as streptokinase)
- 4 Oxygen
- 5 Nitrates (a spray or tablet under the tongue)
- 6 I was given some treatment by the GP or ambulance crew but I am not sure what it was
- 7 I was not given any of these treatments by the GP or ambulance crew
- 8 I cannot remember what treatment I was given

Now go to question C1

Waiting list or planned admission

B9. Before being admitted to hospital, were you given enough help or advice preparing for the operation (such as stopping smoking, eating a healthy diet, getting as fit as possible?)

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

B10. How do you feel about the length of time you were on the waiting list before your admission to hospital?

- 1 I was admitted as soon as I thought was necessary
- 2 I should have been admitted a bit sooner
- 3 I should have been admitted a lot sooner

C. ADMISSION TO HOSPITAL

C1. When you arrived at the hospital, how long did you wait before being examined by a doctor or nurse practitioner?

- 1 0 to 3 minutes
- 2 4 to 15 minutes
- 3 16 to 30 minutes
- 4 31 minutes to 1 hour
- 5 More than 1 hour
- 6 Not sure/ Can't remember

C2. When you were admitted to a bed on a ward, what type of ward was it?

- 1 General ward
- 2 Coronary Care Unit (CCU)
- 3 Intensive care or high dependency unit (ITU, ICU or HDU)
- 4 Other type of ward/unit
- 5 Don't know/ Can't remember

D. YOUR CARE & TREATMENT

D1. Were you involved as much as you wanted to be in decisions about your care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No

D2. Did the hospital staff offer your family or friends the opportunity to be involved in decisions about your care and treatment?

- 1 Yes, they were given the opportunity to be involved
- 2 No, they were not given the opportunity to be involved
- 3 There were no family members or friends available to be involved
- 4 I didn't want my family or friends to be involved in decisions about my care and treatment
- 5 Don't know

D3. Do you think the hospital staff did everything they could to help control your pain?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not have any pain while I was in hospital

E. LEAVING HOSPITAL

E1. What happened when you left the hospital?

- 1 I went home → Go to E2
- 2 I went to stay with a relative or friend → Go to E2
- 3 I was transferred to another hospital for a heart operation → Go to G1
- 4 I was transferred to another hospital or nursing home to recover → Go to G1

E2. Before you left hospital, did hospital staff tell you when you could **resume your usual activities**, (such as work, driving a car and sexual activity)?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

E3. Before you left hospital, did hospital staff tell you **who to contact** if you were worried about your condition or treatment?

- 1 Yes, I was told who I should contact
- 2 No, I was not told who to contact
- 3 I did not need this type of information
- 4 Don't know/ Can't remember

E4. Before you left hospital, did hospital staff talk to you about **changes in your diet** that might help your condition?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

E5. Before you left hospital, did hospital staff talk to you about **physical exercise** (e.g. walking) that might help prevent heart problems?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

E6. At the time you were admitted to hospital, did you smoke cigarettes, a cigar or a pipe regularly?

- 1 Yes → Go to E7
- 2 No → Go to E9

E7. Before you left hospital, did hospital staff talk to you about **stopping smoking**?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

E8. Did hospital staff offer you the chance to be referred to a clinic or specialist service to help you stop smoking?

- 1 Yes
- 2 No
- 3 Don't know/ Can't remember

E9. Did hospital staff give you information about **voluntary and support groups** for people who have heart problems in your local area?

- 1 Yes
- 2 No
- 3 Not sure/ Can't remember

F. MEDICINES TO TAKE HOME FROM HOSPITAL

F1. When you were discharged from hospital, were you given any medicines to take that you had not been taking before you were admitted to hospital?

- 1 Yes → **Go to F2**
- 2 No → **Go to F5**
- 3 Not sure/ Can't remember → **Go to F5**

F2. Before you left hospital were you given enough information about the **purpose** of the medicine(s)?

- 1 Yes, enough information
- 2 Some, but not enough information
- 3 No information at all, but I wanted some
- 4 I did not want any information

F3. Before you left hospital were you given enough information about **how to use** the medicine(s) (e.g. when to take it, how long to take it for; whether to take it with food)?

- 1 Yes, enough information
- 2 Some, but not enough
- 3 No information at all, and I wanted some
- 4 I did not want any information

F4. Before you left hospital were you given enough information about any **side-effects** the medicine(s) might have?

- 1 Yes, enough information
- 2 Some, but not enough information
- 3 No information at all, and I wanted some
- 4 I did not want any information

F5. Before you left hospital were you advised to take aspirin daily?

- 1 I was already taking aspirin daily before I was admitted to hospital
- 2 Yes
- 3 No
- 4 Not sure/ Can't remember
- 5 I am not able to take aspirin for medical reasons

F6. Are you **currently** taking aspirin daily?

- 1 Yes
- 2 No
- 3 I am not able to take aspirin for medical reasons

G. REHABILITATION

G1. After you left hospital, did you take part in a heart rehabilitation programme?

- 1 Yes, I am taking part in one at present → **Go to G2**
- 2 Yes, I have taken part but it is now finished → **Go to G2**
- 3 I am waiting to take part in one soon → **Go to H1**
- 4 No, I did not take part in a heart rehabilitation programme → **Go to G14**

G2. How long after you were discharged from hospital did you begin your heart rehabilitation programme?

- 1 Within 1 week
- 2 Between 1 and 3 weeks after discharge
- 3 Between 4 and 7 weeks after discharge
- 4 Between 8 and 11 weeks after discharge
- 5 More than 11 weeks after discharge
- 6 Can't remember

G3. Does your heart rehabilitation programme include **exercise sessions**?

- 1 Yes and I am having them
- 2 Yes and I do not have them
- 3 No I was not offered them
- 4 Don't know/ Not sure

G4. Does your heart rehabilitation programme include **advice about diet**?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure

G5. Does your heart rehabilitation programme include **advice about alcohol intake**?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure
- 4 I never drink alcohol

G6. Does your heart rehabilitation programme include **help to stop smoking**?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure
- 4 I do not smoke

G7. Does your heart rehabilitation programme include advice and support on **work or employment**?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure
- 4 I do not need this kind of advice

G8. Does your heart rehabilitation programme include help in **coping with anxiety** about your illness?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure
- 4 I do not need this kind of advice

G9. Does your heart rehabilitation programme include **education about coronary heart disease**?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure

G10. Have you been given a Heart Manual?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure

G11. How much **written information** have you been given?

- 1 Too little
- 2 The right amount
- 3 Too much

G12. Does your heart rehabilitation programme include **information and education about heart medicines**?

- 1 Yes
- 2 No
- 3 Don't know/ Not sure

G13. Does your heart rehabilitation programme include **training for relatives or friends in resuscitation** (i.e. training in what to do if someone has a heart attack)?

- 1 Yes → **Go to H1**
- 2 No → **Go to H1**
- 3 Don't know/ Not sure → **Go to H1**

G14. If you have **not** taken part in a rehabilitation program, why haven't you?
(Please tick **ALL** that apply)

- 1 I was not offered rehabilitation
- 2 It was too difficult to travel to the sessions
- 3 It was inconvenient to get to the sessions
- 4 I was worried about being in a mixed sex group
- 5 I was worried about what would happen
- 6 I did not feel motivated
- 7 It did not seem relevant to me
- 8 I was back at work
- 9 Some other reason

H. CARE FROM YOUR GP PRACTICE

H1. As far as you know, was your GP given all the necessary information about your hospital visit?

- 1 Yes
- 2 No
- 3 Don't know

H2. Are you on a programme so that your heart can be checked regularly?

- 1 Yes, I am on a regular programme **with my GP**
- 2 Yes, I am on a regular program **at a hospital**
- 3 No
- 4 Not sure/ Don't know

J. ANGIOGRAMS

For some heart problems, people have a Coronary Angiogram (also known as a heart catheter or **cardiac catheterisation**). This is when a doctor or nurse guides a thin plastic tube through an artery in the arm or groin, into the arteries in the heart, and injects dye into the heart, which can then be seen by x-ray.

J1. Have you had a coronary **angiogram** in the last 12 months?

- 1 Yes → **Go to J2**
- 2 No → **Go to K1**
- 3 Not sure → **Go to K1**

J2. Did a member of staff explain the **reason** for the angiogram in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

J3. Did a member of staff explain the **risks** of the angiogram in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

J4. After your angiogram, did a member of staff explain the **results** in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure/ Can't remember
- 5 I was told that the results would be given to me at a later date
- 6 I was never told the results

J5. After your angiogram, did a member of staff explain **what would happen next** in your treatment in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure/ Can't remember

K. ANGIOPLASTY

For some heart problems, people have a Coronary Angioplasty (also known as a **PCI** or **balloon angioplasty**). This is when a doctor inflates a balloon in the narrowest part of the artery to widen it.

K1. Have you had a coronary **angioplasty** in the last 12 months?

- 1 Yes → Go to K2
- 2 No → Go to L1
- 3 Not sure → Go to L1

K2. Before your angioplasty, did a member of staff explain the **benefits** of the procedure in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

K3. Before your angioplasty did a member of staff explain the **risks** of the procedure in a way you could understand?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

K4. Before your angioplasty, did someone tell you about **other types of treatment** that might achieve the same results?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I was told there were no other suitable types of treatment

K5. If you signed a **consent form** for your angioplasty, could you understand it?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I cannot remember signing a consent form
- 5 I did not sign a consent form

K6. After your angioplasty, did a member of staff explain how the procedure had gone in a way you could understand?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not sure/ Can't remember

L. CORONARY ARTERY BYPASS GRAFT (CABG)

For some heart problems, people have a Coronary Artery Bypass Graft (**CABG**), often called a 'bypass' operation. This involves removing a vein or artery from the leg, chest or arm and grafting it onto the coronary artery.

L1. Have you had a **bypass** operation in the last 12 months?

- 1 Yes → Go to L2
2 No → Go to M1
3 Not sure → Go to M1

L2. Before your bypass operation, did a member of staff explain the **benefits** of the operation in a way you could understand?

- 1 Yes, completely
2 Yes, to some extent
3 No

L3. Before your bypass operation, did a member of staff explain the **risks** of the operation in a way you could understand?

- 1 Yes, completely
2 Yes, to some extent
3 No

L4. Before your bypass operation, did someone tell you about **other types of treatment** that might achieve the same results?

- 1 Yes, definitely
2 Yes, to some extent
3 No
4 I was told there were no other suitable types of treatment

L5. Before your bypass operation, were you able to **discuss your operation** with the doctor who was going to operate?

- 1 Yes, completely
2 Yes, to some extent
3 No

L6. If you signed a **consent form** for your bypass operation, could you understand it?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 I do not remember signing a consent form
5 I did not sign a consent form

L7. After the bypass operation, did a member of staff explain how the operation had gone in a way you could understand?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 Not sure/ Can't remember

M. ABOUT YOU

M1. Are you male or female?

- 1 Male
2 Female

M2. What was your **year of birth**?

(Please write in) e.g.

1	9	3	4
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1	9		
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M3. What is the **first part** of your postcode?

(Please write in) e.g.

O	X	1	8
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M4. Overall, how would you rate your health during the past 4 weeks?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor

M5. How old were you when you left full-time education?

- 1 16 years or less
- 2 17 or 18 years
- 3 19 years or over
- 4 Still in full-time education

M6. To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE

- 1 British
- 2 Irish
- 3 Any other White background

(Please write in box)

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b. MIXED

- 4 White and Black Caribbean
- 5 White and Black African
- 6 White and Asian
- 7 Any other Mixed background

(Please write in box)

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c. ASIAN OR ASIAN BRITISH

- 8 Indian
- 9 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background

(Please write in box)

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d. BLACK OR BLACK BRITISH

- 12 Caribbean
- 13 African
- 14 Any other Black background

(Please write in box)

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e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
- 16 Any other ethnic group

(Please write in box)

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N. OTHER COMMENTS

If there is anything else you would like to tell us about your experiences of hospital heart care in the last 12 months, please do so here.

Was there anything particularly good about your hospital heart care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.

Picker Institute Europe
FREEPOST (SCE10829),
OXFORD, OX1 1YE

If you have any questions about your health care you should arrange to see your GP