The questions on this page refer to the last 6 months, **AFTER** you were discharged from hospital following your heart attack (when you agreed to participate in the BRUM study).

1. In the last 6 months, since your time in hospital with your heart attack, have you had another heart attack?  
   - Yes: 1  
   - No: 2

2. In the last 6 months, since your time in hospital with your heart attack, have you had an angioplasty or stent?  
   - Yes: 1  
   - No: 2

3. In the last 6 months, since your time in hospital with your heart attack, have you had a coronary artery bypass operation?  
   - Yes: 1  
   - No: 2

<table>
<thead>
<tr>
<th>Which hospitals have you been admitted to during the past 6 months?</th>
<th>What was this for?</th>
<th>How many nights did you spend in hospital?</th>
<th>Was admission for a cardiac cause?</th>
<th>Nights in hospital</th>
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During the last 6 months, how many times have you been in hospital for treatment or investigation of your heart condition as a **day patient**, (that is admitted to a hospital bed or day ward, but not required to remain overnight)?

In the last 3 months, how many times have you seen a GP (family doctor) about your heart condition?

In the last 3 months, how many times have you seen a practice nurse (a nurse that works in the GPs surgery) about your heart condition?
11. Since you had your heart attack 6 months ago, have you done any of the following:
(Please circle as many answers as you need. You will not have been offered all of these.)

Attended the hospital cardiac rehabilitation programme ………………………….… 1
Attended the community cardiac rehabilitation programme …………………………. 2
Used the Heart Manual or its tapes ……………………………………………….… 3
Attended the hospital cardiac rehabilitation maintenance sessions ………………… 4
Attended the community cardiac rehabilitation maintenance sessions …………… 5
Attended a sports or leisure centre for exercise or relaxation sessions …………… 6
None of the above …………………………………………………………………….… 7

12. We would like to find out whether you or your family had any expenses from attending the hospital or community rehabilitation programmes or in following the Heart manual home rehabilitation programme (e.g. travel or parking). Please list any expenses that you had below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you returned to work since your heart attack?

Yes………………………………………………………………… 1 Go to question
No………………………………………………………………… 2 Go to question
I was not working before…………………………………………… 3 Go to question

How many weeks were you off work following your heart attack?

________________________________________________________________________

Has your work status changed since your heart attack?

Please circle one answer

No……………………………………………………………………………………… 1
Yes, I have stopped working in paid employment……………………………… 2
Yes, I have reduced my working hours…………………………………………… 3
Yes, other (please describe change)_________________________________________ 4