Health/ Social Care & Personal Costs

This section is about health care & other services you have received since you started the study six months ago. Please read each question carefully. For each question, if you have had no treatments or personal costs, please enter ‘0’.

Community Health & Social Care Services

1. In the last six months, how often have you used the following NHS or other services? (Please do not include any sessions or treatments that you attended as part of the study).

   Number of times

   1a. Your GP or another GP (if none enter ‘0’) 
   1b. Practice nurse (if none enter ‘0’) 
   1c. Psychologist/ Counsellor (if none enter ‘0’) 
   1d. Hospital A & E attendance (if none enter ‘0’) 
   1e. Other NHS service (please specify): ____________________________ 
   1f. Social care service (please specify): ____________________________ 
   1g. Other service (please specify): ____________________________ 

Hospital inpatient stay(s)

2. In the last six months have you been admitted to hospital due to your heart condition?

   Yes □ No □

3. If ‘Yes’, how many days/ hrs were you in hospital? (if you can’t remember enter ‘0’)

   ……….days OR ……….hours 

Personal costs.

4. In the last six months, have you spent money on things such as walking shoes, gym membership, exercise machine, domestic services, complementary therapy or any other products,
equipment or services to support your rehabilitation programme? (please list items below & enter cost to nearest pound).

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<tr>
<th>Item (brief description)</th>
<th>Total spent (£)</th>
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To assess whether people in the study have been able to return to normal activities, we would like to ask you a few extra questions.

The information given by you will remain confidential and will not be read by anyone except the research team.

Employment status

5. What is your current Employment Status?

- Employed Full Time [ ]
- Employed Part Time [ ]
- Self-employed [ ]
- Unemployed [ ]
- Retired/ Student [ ]
- Other [ ]

If you are not in paid employment, please go to question 12

Time off work/Altered working hours

6. In the last six months have you had to change your occupation due to your heart condition? Yes [ ] No [ ]

7. If ‘Yes’, what is your new job? ________________________________

8. In the last six months have you taken any days off sick from work due to your heart? Yes [ ] No [ ]
9. If ‘Yes, how many days in total (if you can’t remember enter ‘0’) ________ days

10. Have your hours of work altered in the last six months due to your heart condition?
   Yes decreased ☐       Yes increased ☐       No ☐

11. If ‘Yes’, by how many hours per week (approximately)? ________ hours per week

12. Over the last six months, on approximately how many days has your heart condition stopped you undertaking these activities? (if none enter ‘0’)

   Total number of days
   a. Education
   b. Childcare/care of a relative
   c. Housework
   d. Voluntary work
   e. Other (please specify) _____________________________

Thank you for completing this questionnaire