

Region:

TNO:

1. Immediately following your cardiac arrest how many days did you spend in hospital?

Type of ward	Total number of days
Intensive care unit	
Cardiac care unit	
General ward	

2. Since that time have you used any of the following hospital based or residential care services (for example, have you been admitted to hospital again or had an outpatient clinic appointment)?

Type of service	Which service have you used since your cardiac arrest? Please tick (✓) yes or no		Total number of days spent in hospital/convalescent or nursing home since your cardiac arrest	Total number of visits since your cardiac arrest
	Yes	No		
Hospital inpatient stay (in addition to your stay reported in question 1)	Yes	No		
Hospital outpatient clinic	Yes	No		
Hospital accident and emergency department	Yes	No		
Nursing/residential home	Yes	No		
Other (please specify)	Yes	No		

Region:

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TNO:

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Type of service	Have you used the service since your cardiac arrest? Please tick (✓) yes or no		Total number of face to face contacts during the time since your cardiac arrest
a. GP, surgery visit	Yes	No	
b. GP, home visit	Yes	No	
c. District nurse, health visitor or member of community health team	Yes	No	
d. Social worker	Yes	No	
e. Counsellor	Yes	No	
f. Home help or care worker	Yes	No	
g. Speech and language therapist	Yes	No	
h. Psychiatrist or psychologist	Yes	No	
i. Day centre	Yes	No	
j. Lunch or social club (organised by health or social care providers)	Yes	No	
k. Food, medicine or laundry delivery service (organised by health or social care providers)	Yes	No	
l. Family or patient support or self help groups	Yes	No	
m. Other (please specify, for example have you had any telephone consultations with your GP):	Yes	No	

***Thank you for
completing these
questions!***

Please return this booklet to the researcher.



PARAMEDIC Trial Team

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