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Trial ID

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FOLLOW-UP QUESTIONNAIRE

(Pilot trial phase: 5 month follow-up)

- There is no need to write your name on the questionnaire
- Please take your time and read each of the questions carefully
- If you are unsure about how to answer a question, please give the best answer you can
- There are no 'right' or 'wrong' answers – please answer as honestly as you can
- Ask the researcher if you need any help

Thank you

Section 1:

About You

This section asks some questions about you. Your answers will only be used for the purposes of this study.

1. What gender (sex) are you?

(Please tick one box)

Male

Female

2. How old are you? _____ (years)

3. Which of the following best describes your current situation with regard to smoking? *(Please tick one box)*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I have never smoked

(Please go on to the next page)

I am an ex-smoker

(Please go to Question 4 below)

I am a smoker (cigarettes, cigars or pipe)

(Please go to Question 5 below)

4. If you are an *ex-smoker*, when did you quit smoking?

Date you quit smoking:

(Please go on to Section 2 on the next page)

5. If you are a *current smoker*, how much do you smoke?

Number of cigarettes per day

Number of cigars per day

Pipe – ounces or grams of tobacco per week

Section 2: Your current state of health

This section asks for **your views** on your current state of health. Under each heading, please tick the ONE box that best describes your health TODAY.

**DUE TO COPYRIGHT RESTRICTIONS WE ARE UNABLE TO
REPRODUCE THESE QUESTIONNAIRES IN THIS APPENDIX**

- **EQ-5D-5L** – this includes five different statements about health status TODAY, with respondents given the opportunity to rate them on one of five levels.
- **EQ-VAS** – this includes a visual analogue scale (0–100) regarding how good or bad your health status is TODAY.

Section 3: Your emotional health

This section asks about different aspects of your emotional or mental health over recent weeks (including today). It includes three pre-printed questionnaires:

DUE TO COPYRIGHT RESTRICTIONS WE ARE UNABLE TO REPRODUCE THESE QUESTIONNAIRES IN THIS APPENDIX

- **BDI-II** – this includes 21 different groups of statements and you need to pick one statement from each group that best describes how you have been feeling during the **past two weeks**.
- **BAI** – this includes 21 different symptoms and you need to indicate how much you have been bothered by each symptom during the **past week**.
- **BADS-SF** – this includes 9 different statements and you need to indicate how much each statement has been true for you in the **past week**.

Please follow the instructions on each questionnaire – if you are not sure what to do or need help filling in the answers, please ask the researcher.

We would like to know whether you are receiving any help or treatment for low mood.

1. Are you currently taking any anti-depressant medication (medicine to help with low mood)?

Yes

Please go to Question 2

No

Please go to Question 4

Not sure

Please go to Question 4

2. Is your medicine for low mood prescribed by a qualified doctor?

Yes

No

3. For how long have you been taking your medicine for low mood?

Less than 6 weeks

6 weeks to 3 months

More than 3 months

4. Within the past 6 months, have you received any help for low mood from: (please tick all that apply)

Your general practitioner (GP)

A hospital doctor or psychiatrist

A therapist (such as a psychotherapist, CBT counsellor, psychologist, nurse, or support worker)

Another health or social care professional (please specify below)

I have not received any help for my low mood

Section 4:

Your heart problem and how this affects you

Below is a list of common heart problems and heart-related procedures.

Please work down the list and, for each problem/procedure in turn, **circle 'No' or 'Yes' in Column A** to say whether you have ever been told by a doctor or nurse that you have had that heart problem or procedure.

If you don't know whether you have had a problem or procedure or not, please circle 'Not sure'. If you would like help to decide, please ask the researcher.

If you think you **have** had a problem or procedure, please tell us in **Column B when** this happened. If you know the month and year, please write that in. If you cannot remember the exact month and year, please give your best guess of how long ago it happened (e.g. '3 months ago').

Problem or procedure	Column A			Column B
	Have you ever had this heart problem or procedure?			If 'Yes', <u>when</u> did this happen?
Myocardial infarction ('heart attack')	No	Yes	Not sure	
Angina	No	Yes	Not sure	
Hospital admission with non-cardiac chest pain ('non-heart' chest pain)	No	Yes	Not sure	
Heart failure	No	Yes	Not sure	
Arrhythmia ('slow, fast and/or irregular heart beat')	No	Yes	Not sure	
Percutaneous Coronary Intervention or PCI ('balloon inflation of artery', with or without a 'stent')	No	Yes	Not sure	
Coronary Artery Bypass Grafting or CABG ('heart bypass')	No	Yes	Not sure	
Valve surgery	No	Yes	Not sure	
Any other heart problem or procedure (please specify below)	No	Yes	Not sure	

Section 5:
Other health problems

Below is a list of common health problems. Please work down the list and, for each health problem in turn, **circle 'Yes' or 'No'** to indicate whether you **currently** have that problem. If you **do** have a particular health problem, please indicate: (a) whether you receive medication or some other type of treatment for the problem; and (b) whether the problem limits any of your activities.

Problem	Do you have this health problem?		If you <u>do</u> have this health problem:			
	No	Yes	Do you receive treatment for it?		Does it limit your activities?	
Asthma	No	Yes	No	Yes	No	Yes
Lung disease, including chronic obstructive pulmonary disease	No	Yes	No	Yes	No	Yes
High blood pressure	No	Yes	No	Yes	No	Yes
Diabetes	No	Yes	No	Yes	No	Yes
Ulcer or stomach disease	No	Yes	No	Yes	No	Yes
Bowel disease	No	Yes	No	Yes	No	Yes
Kidney disease	No	Yes	No	Yes	No	Yes
Liver disease	No	Yes	No	Yes	No	Yes
Anaemia or other blood disease	No	Yes	No	Yes	No	Yes
Cancer	No	Yes	No	Yes	No	Yes
Nervous system disease (e.g. epilepsy, Parkinson's, dementia)	No	Yes	No	Yes	No	Yes
Arthritis	No	Yes	No	Yes	No	Yes
Back pain	No	Yes	No	Yes	No	Yes
Mental health problems	No	Yes	No	Yes	No	Yes
Skin disease (e.g. psoriasis)	No	Yes	No	Yes	No	Yes
Hearing or visual impairment	No	Yes	No	Yes	No	Yes

In this section, please list any other health problems you have that are not already included in the lists on the previous pages...

<p>Any other health problems <i>(please write in)</i></p>

For <u>each</u> health problem you list:			
Do you receive treatment for it?		Does it limit your activities?	
No	Yes	No	Yes
No	Yes	No	Yes
No	Yes	No	Yes
No	Yes	No	Yes
No	Yes	No	Yes

Section 6:

Your experience of cardiac rehabilitation services

In this section, we would like to hear your views of the care you received **from your local NHS cardiac rehabilitation service** during the last 5 months (after you left hospital following your heart attack or heart procedure).

In this section, there is:

- A pre-printed 'Client Satisfaction Questionnaire (CSQ-8) – this includes 8 questions and you need to circle one answer for each question. Please give us your honest opinions about the care you received from your local cardiac rehabilitation service.
- The NHS 'Friends & Family Test' questions – these focus specifically on any help you received for your mood or emotional health as part of your cardiac rehabilitation programme.

Please follow the instructions on each sheet – if you are not sure what to do or need help filling in the answers, please ask the researcher.

Now, we would like you to think about any help or support you received to help with your mood or emotional health as part of your NHS cardiac rehabilitation programme.

How likely are you to recommend this help or support to friends and family, if they needed similar care or treatment?

Extremely likely

Likely

Neither likely nor unlikely

Unlikely

Extremely unlikely

Don't know

OR

I did not receive any help or support for my mood or emotional health as part of my cardiac rehabilitation programme

What was good about your experience?

What would have made your experience better?

Thank you for completing these questions.

Section 7:

Other services you have used

Finally, the researcher would like to ask you some questions about any other services you may have received during the last 5 months.

Please let the researcher know that you have reached this section of the questionnaire.

Date: _____

Trial ID: _____



Service and Resource Use Schedule

Pilot Trial Phase – Participant Follow-Up assessments

(Version 3: 5 August 2015)

Instructions

This schedule should be completed in *interview* with the service user.

The schedule covers the respondent's use of all services, **excluding cardiac rehabilitation**:

- **At 5-month follow-up, ask about use of services *since the baseline interview***

Please tell the patient that you want to know about their use of all services **except the study interventions – cardiac rehabilitation and Cardiac Nurse-provided Behavioural Activation**.

Use circles to select options from lists.

Numbers, zeros or missing data codes should be placed in every cell.

Trial ID	
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Date of interview:	dd	mm	20 yy
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Period(s) covered (tick all that apply)	
Baseline to 5-month follow-up	

Exact dates included in this schedule:
Starting:
Ending:

Code missing data as follows:

555	Not applicable
666	Research worker unable to evaluate
999	Not completed

Section A: Hospital Services

A1 – Have you stayed in a hospital overnight since you were last interviewed, about 5 months ago?

1	Yes	Go to A2
0	No	Go to A3
666	<i>Research worker unable to evaluate</i>	Go to A3
999	<i>Not completed</i>	Go to A3

A2 – If yes, record details below

Reason for hospital stay?	Type of hospital ward (if known)	Number of nights

A3 – Have you been to hospital for an outpatient/day patient appointment since you were last interviewed (about 5 months ago)?

1	Yes	Go to A4
0	No	Go to A5
666	<i>Research worker unable to evaluate</i>	Go to A5
999	<i>Not completed</i>	Go to A5

A4 - If yes, record details below

Reason for hospital appointment(s)	Hospital department	Seen by Consultant?	Number of appointments
		Yes/no	
		Yes/no	
		Yes/no	
		Yes/no	

A5 – Have you visited an Accident and Emergency (A&E) department, NHS walk-in centre or used other urgent advice or treatment services, since you were last interviewed (about 5 months ago)?

1	Yes	Go to A6
0	No	Go to B1
666	<i>Research worker unable to evaluate</i>	Go to B1
999	<i>Not completed</i>	Go to B1

A6 - If yes, record details below

Service used (A&E, NHS Walk-in, 111 call)	Reason for seeking urgent care	Attended or phone call	Ambulance	Number of times used
		Yes/no	Yes/no	
		Yes/no	Yes/no	
		Yes/no	Yes/no	

Section B: Community-based health, social and complementary services

B - Which of the following community-based professionals or services have you had contact with (since you were last interviewed about 5 months ago)?

		Number of contacts	Average duration in minutes per contact	Did you have to pay for these contact/visits yourself? If Yes, how much per contact (£)
1	General practitioner – at the surgery			
2	General practitioner – at your home			
3	General practitioner – telephone advice/call			
4	Practice nurse (nurse seen in GP surgery)			
5	District nurse, health visitor			
6	Community psychiatric nurse in the community			
7	Psychiatrist in the community			
8	Occupational therapist in the community			
9	Other therapist or counsellor? <i>please state what type:</i>			
10	Social worker			
11	Marriage counselling service e.g. Relate			
12	Advice service e.g. Citizen's Advice Bureau			
13	Helpline e.g. Samaritans, MIND			
14	Day centre/drop-in centre			
15	Chiropractor/osteopath			
16	Acupuncture			
17	Other – give details:			
18	Other – give details:			
19	Other – give details:			

NB. Have a 'flash card' to hand to the interviewee with these printed on

Section C: Medication for mental health problems

C1 – Have you been prescribed any medication for mental health problems since you were last interviewed about 5 months ago? Include e.g. medications for **depression, anxiety, psychosis, and sleep problems.**

1	Yes	Go to C2
0	No	Go to D1
666	Research worker unable to evaluate	Go to D1
999	Not completed	Go to D1

C2 – If yes, record details below

Name of the medication (use codes – see over; or details if code= 'other')	Dose *	Units (use code)	Frequency (use code)	Was this medication prescribed to you?	Has the medication been dispensed? **	Have you started taking the medication?	Date Started	Continuing at interview?	Date Stopped
e.g. 5	80	1	2	Yes	Yes	Yes	01/04/2007	Yes	555 - NA
				Yes/no	Yes/no	Yes/no		Yes/no	
				Yes/no	Yes/no	Yes/no		Yes/no	
				Yes/no	Yes/no	Yes/no		Yes/no	

* For current medication ask for current dose; for medication no longer taken ask for final dose.

** Has the patient actually collected (or received) the medication from their pharmacy – i.e. have they 'cashed in' their prescription?

Section D: Your employment and time off work

FIRSTLY, THINKING ABOUT YOUR SITUATION BEFORE YOUR CARDIAC EVENT OR DIAGNOSIS ...

D1 – What was your employment status before you had your cardiac-related event or diagnosis?

1	Full-time employment (30+ hours per week)	Go to D2	7	Voluntary worker	Go to D3
2	Part-time employment (<30 hours per week)	Go to D2	8	Unemployed & looking for work	Go to D3
3	Employed but unable to work	Go to D2	9	Unemployed & not looking for work (e.g. housewife)	Go to D3
4	Part-time employment & part-time student	Go to D2	10	Unemployed & unable to work for medical reasons	Go to D3
5	Full-time student	Go to D3	11	Medically retired	Go to D3
6	Part-time student	Go to D3	12	Retired	Go to D3
666	Research worker unable to evaluate	Go to D3			
999	Not completed	Go to D3			

D2 – How many HOURS did you normally work during a typical working week?

1	Hours	Number of hours
666	Research worker unable to evaluate	
999	Not completed	

NOW, THINKING ABOUT HOW THINGS ARE TODAY ...

D3 – What is your **CURRENT** employment status?

1	Full-time employment (30+ hours per week)	Go to D4	7	Voluntary worker	Go to D8
2	Part-time employment (<30 hours per week)	Go to D4	8	Unemployed & looking for work	Go to D8
3	Employed but currently unable to work	Go to D7	9	Unemployed & not looking for work (e.g. housewife)	Go to D8
4	Part-time employment & part-time student	Go to D4	10	Unemployed & unable to work for medical reasons	Go to D8
5	Full-time student	Go to D8	11	Medically retired	Go to D8
6	Part-time student	Go to D8	12	Retired	Go to D8
666	<i>Research worker unable to evaluate</i>	Go to D8			
999	<i>Not completed</i>	Go to D8			

D4 – If you **ARE** currently working, how many **HOURS PER WEEK** do you work?

	Number of hours currently working per week	Number of hours	Go to D5
555	<i>Not applicable (not currently working)</i>		
666	<i>Research worker unable to evaluate</i>		
999	<i>Not completed</i>		

D5 – On what date did you **RETURN** to work?

	Date returned to work	DD/MM/YYYY	Go to D6
555	<i>Not applicable (not currently working)</i>		
666	<i>Research worker unable to evaluate</i>		
999	<i>Not completed</i>		

D6 – Did you return to the **SAME** working pattern as previously, or to a **DIFFERENT** working pattern?

1	Returned to the same working pattern as before the cardiac event	Yes/no	Go to D7																		
2	Returned permanently to fewer hours per week	Yes/no																			
3	Had a phased or graded return to work?	Yes/no																			
<p>If you <u>had</u> a phased or graded return to work, please can you describe this in more detail:</p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Number of hours worked per week</th> <th>For how many weeks?</th> </tr> </thead> <tbody> <tr> <td></td> <td><i>e.g. 15 hours</i></td> <td><i>e.g. 4 weeks</i></td> </tr> <tr> <td><i>Initially</i></td> <td></td> <td></td> </tr> <tr> <td><i>then</i></td> <td></td> <td></td> </tr> <tr> <td><i>then</i></td> <td></td> <td></td> </tr> <tr> <td><i>then</i></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: right;"><i>Note to interviewer: Please ask the patient to talk through their phased or graded return to work.</i></p> <p style="text-align: right;">Go to D7</p>					Number of hours worked per week	For how many weeks?		<i>e.g. 15 hours</i>	<i>e.g. 4 weeks</i>	<i>Initially</i>			<i>then</i>			<i>then</i>			<i>then</i>		
	Number of hours worked per week	For how many weeks?																			
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<i>Initially</i>																					
<i>then</i>																					
<i>then</i>																					
<i>then</i>																					
555	<i>Not applicable (not currently working)</i>																				
666	<i>Research worker unable to evaluate</i>																				
999	<i>Not completed</i>																				

D7 – If you have been ABSENT from work in the last 5 months, how many of these absence days would you say were mainly due to mental health (mood) problems?

1	Days	Number of days
666	Research worker unable to evaluate	
999	Not completed	

D8 – In total, How many DAYS have OTHERS IN YOUR FAMILY had to be absent from work due to YOUR ILL HEALTH since you were last interviewed about 5 months ago?

1	Days	Number of days
666	Research worker unable to evaluate	
999	Not completed	

Section E: Your feedback about this interview about your service use and employment

E1 – Thinking about the questions just asked - about your use of health services and other professionals - were there any particular questions which you found unclear, or very difficult to answer?

Please tell us which ones and why?

.....

.....

.....

.....

.....

E2 – Are there any other services or professionals that you have seen due to your health which this questionnaire has not asked about?

If ‘Yes’, which services or professionals?

.....

.....

.....

.....

CODES for medication question

	Antidepressants		Antipsychotics (cont'd)
1	Agomelatine/valdoxan	41	Benperidol/Anquil
2	Amitriptyline/Triptafen	42	Chlorpromazine hydrochloride/Largactil
3	Amoxapine/Asendis	43	Clozapine/Clozaril/Denzapine/Zaponex
4	Citalopram/Cipramil	44	Flupentixol/Depixol/Fluanxol
5	Clomipramine	45	Haloperidol/Dozic/Haldol/Serenace
6	Dosulepin/Dothiepin/Prothiaden	46	Levomepromazine/Nozinan
7	Doxepin/Sinequan/Sinepin	47	Olanzapine/Zyprexa
8	Duloxetine/Cymbalta/Yentreve	48	Paliperidone/Invega
9	Escitalopram/Cipralext	49	Pericyazine
10	Fluoxetine/Prozac	50	Perphenazine/Fentazin
11	Flupentixol/Fluanxol/Depixol	51	Pimozide/Orap
12	Fluvoxamine/Faverin	52	Prochlorperazine
13	Imipramine/Tofranil/Triptafen	53	Promazine
14	Isocarboxazid	54	Qeutiapine/Seroquel
15	Lofepamine/Gamanil/Fepapax/Lomont	55	Resperidone/Risperdal
16	Maprotiline/Ludiomil	56	Sulpiride/Dolmatil/Sulpol
17	Mianserin	57	Trifluoperazine/Stelazine
18	Mirtazepine/Zispin	58	Zuclopenthixol acetate/Clopixol acuphase
19	Moclobemide/Manerix	59	Zuclopenthixol/Clopixol
20	Nortriptyline/Allegron/Motival	60	Other antipsychotic (please specify)
21	Paroxetine/Seroxat		Sleeping tablets/medication for anxiety
22	Phenelzine/Nardil	61	Alprazolam
23	Reboxetine/Edronax	62	Buspirone/Buspar
24	Sertraline/Lustral	63	Chloral hydrate/welldorm
25	Tranlycypromine	64	Chlorazepate/Tranxene
26	Trazodone/Molipaxin	65	Chlordiazepoxide
27	Trimipramine/Surmontil	66	Clomethiazole/Heminevrin
28	Tryptophan/optimax	67	Diazepam
29	Venlafaxine	68	Flurazepam/Dalmane
30	Venlafaxine XR	69	Loprazolam
31	Other antidepressant (please specify)	70	Lorazepam
	Mood stabilizers	71	Lormetazepam
32	Carbamazepine/Tegretol	72	Meprobamate
33	Lamotrigine/Lamictal	73	Nitrazepam
34	Lithium carbonate/Comcolit, Liskonum	74	Oxazepam
35	Lithium citrate/Li-Liquid, Priadel	75	Temazepam
36	Valproate/Depakote, Convulex	76	Triclofos sodium
37	<i>Other mood stabilizer (please specify)</i>	77	Zaleplon/Sonata
	Antipsychotics	78	Zolpidem/Stilnoct
38	Aripiprazole/Abilify	79	Zopiclone/Zimovane
39	Amisulpride/Solian	80	Other sleeping tablet/medication for anxiety (please specify)

Units

1	Milligrams (mg)	6	Inhalers
2	Microgram (mcg)	7	Bottles
3	Grams (g)	8	Packs
4	Millilitres (ml)	9	Other – give details
5	Tubs/tubes		

Frequency

1	Once daily	7	As needed, about three times a week
2	Twice daily	8	As needed, about twice a week
3	Three times daily	9	As needed, about once a week
4	Four times daily	10	As needed, about once a fortnight
5	Once weekly	11	As needed, about once a month
6	Once per fortnight	12	Other – give details