

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 (<i>if none enter '0'</i>)	<input type="text"/> <input type="text"/>
1b	Practice nurse (<i>if none enter '0'</i>)	<input type="text"/> <input type="text"/>
1c	Psychologist/ Counsellor (<i>if none enter '0'</i>)	<input type="text"/> <input type="text"/>
1d	Hospital A & E attendance (<i>if none enter '0'</i>)	<input type="text"/> <input type="text"/>
1e	Other NHS service (please specify): _____	<input type="text"/> <input type="text"/>
1f	Social care service (please specify): _____	<input type="text"/> <input type="text"/>
1g	Other service (please specify): _____	<input type="text"/> <input type="text"/>

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 ORhours

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).

Item (brief description)	Total spent (£)
1.	
2.	
3.	
4.	
5.	

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