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Study ID: \_\_\_\_\_



School of Health and Related Research  
Medical Care Research Unit



## The RATPAC Trial

A Trial of Rapid Blood Testing for Acute Chest Pain

Thank you for your help with this research. This questionnaire relates to your visit to hospital one month ago and your health over the last month.

We are very interested to know how your current health is, how satisfied you were with the care you received at the hospital, and what additional health care you have received in the last month. We would therefore like you to complete this questionnaire. Please complete all the questions.

Your answers will only be seen by the research team. They will not be shown to the hospital staff. Please be as accurate as you can.

When you have completed the questionnaire, please put it in the envelope and post it. No stamp is required.

If you would like any more information about this research please contact Liz Cross at the address below.

Thank you again for your valuable help.

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Study website: [www.shef.ac.uk/chestpain](http://www.shef.ac.uk/chestpain)

**Randomised Assessment of Treatment using Panel Assay of Cardiac markers**

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EQ-5D HEALTH QUESTIONNAIRE

Here are some simple questions about your health in general. By ticking one answer in each group below, please indicate which statements best describe your own health state TODAY.

Please tick one

**1. Mobility**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**2. Self care**

- I have no problems with self care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**3. Usual activities**

- I have no problems with performing my usual activities   
(*e.g. work, study, housework, family or leisure activities*)
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**4. Pain / discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**5. Anxiety / depression**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

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PATIENT SATISFACTION WITH CARE

We are interested in your honest opinions, whether they are positive or negative, regarding the care you received when you arrived at the hospital one month ago. Your answers will be confidential and will not be seen by any of the doctors or nurses who were caring for you.

Please answer all of the questions. We also welcome your comments and suggestions.

Thinking about your treatment when you attended the hospital one month ago, how would you rate the following? (Please circle **one** number on each line)

1. The urgency with which you were assessed

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

2. The thoroughness of your assessment

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

3. Explanations given to you about medical procedures and tests

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

4. Attention given to what you have to say

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

5. Advice you got about ways to avoid illness and stay healthy

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

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6. Friendliness and courtesy shown to you by hospital staff

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

7. Personal interest in you and your medical problems

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

8. Respect shown to you, and attention to your privacy

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

9. Reassurance and support offered to you by hospital staff

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

10. Amount of time the hospital staff gave you

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

11. Overall, how satisfied are you with the service you received?

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

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**YOUR USE OF HEALTH SERVICES OVER THE LAST MONTH**

1. Please could you tell us how many times you have used any of the following services in the last month. If you cannot remember the exact number, please give an estimate. For example, if you think it was between 4 and 6 times, please put 5. If you haven't used the service, please enter 0.

SERVICE	Number of times used
Telephone health advice (e.g. GP, NHS Direct)	
GP surgery consultations	
GP home visits	
Nurse home visits	
Social worker visits	
Accident and emergency attendances	
Attendance at hospital as an outpatient	
Other health services	

2. Have you spent any nights as a hospital inpatient in the last month?

YES [ ]      NO [ ]

If YES, how many nights were you in hospital for? \_\_\_\_\_

3. Have you had any operations during the last month?

YES [ ]      NO [ ]      If YES, please list them below.

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4. Have you had any of the following tests in the last month?

Echocardiogram YES [ ] NO [ ]  
(a scan of your heart)

Exercise stress test YES [ ] NO [ ]  
(exercising on a treadmill or bicycle)

24-hour heart monitor YES [ ] NO [ ]  
(carrying a heart monitor around with you)

Abdominal ultrasound YES [ ] NO [ ]  
(a scan of your stomach)

Coronary angiography YES [ ] NO [ ]  
(injecting dye and taking x-rays of the blood vessels to your heart)

**YOUR WORK OVER THE LAST MONTH**

Have you taken any time off work in the last month?

YES [ ]  
NO [ ]  
I'M NOT IN PAID EMPLOYMENT [ ]  
I'M RETIRED [ ]

If YES - how many days did you take off in the last month? \_\_\_\_\_

**PLEASE ADD ANY OTHER COMMENTS YOU HAVE IN THE SPACE BELOW THEN  
PUT THE QUESTIONNAIRE IN THE ENVELOPE AND RETURN IT TO US.**

**THANK YOU VERY MUCH –  
WE VALUE THE TIME YOU HAVE SPENT HELPING US IN OUR RESEARCH**

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