

## Questionnaire 1

Gender 

male	female	diverse
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Age 

years
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Do you have professional knowledge (e.g. job in medicine, biology) about the biology, anatomy and function of the heart? 

Yes	No
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Have you had surgery before? 

Yes	No
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Have you read up on or informed yourself on your impending surgery? 

Yes	No
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<i>Please rate the following sentences</i>	Strongly disagree	Disagree	Agree	Strongly Agree	Neither agree nor disagree
I have solid knowledge about the anatomy and function of the heart.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know the basic anatomy of the cardiovascular system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand my individual cardiac pathology and disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know which part of my heart carries the pathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good knowledge about the surgical procedure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want a detailed patient education about the surgical steps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the positive effect the surgery will have on my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm confident to explain the main steps of the surgical procedure to someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please rate your current anxiety level in regard to the surgery on the following scale 1 to 10:**

1	2	3	4	5	6	7	8	9	10
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1 = No anxiety 10 = Extreme anxiety

*Please give the answer which seems to describe your **present** feeling best.*

**Not at all      Somewhat      Moderately so      Very much so**

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I feel calm

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I am tense

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I feel at ease

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I am presently worrying over possible misfortunes

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I am frightened

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I feel nervous

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I am jittery

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I am relaxed

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I am worried

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I feel steady