

Supporting Information

Patient Acceptance Questionnaire CT/MRI/Angio

Patient No.:

CT

1. Please rate the preparation and information prior to this test.

Very good Good Barely Acceptable Poor Very poor

2. Please rate your degree of concern prior to this test.

No concern Little Moderate Intense Very intense

In case you were concerned: **Why** were you concerned?

3. Please rate the comfort of this test.

Very good Good Barely Acceptable Poor Very poor

4. Please rate your degree of helplessness during this test.

No helplessness Little Moderate Intense Very intense

5. Please rate your pain during and after this test on the following scale.

No pain

Maximum pain

6. Would you be willing to undergo this test again?

Yes No Don't know

7. Please rate your overall satisfaction with this test.

Very good Good Barely Acceptable Poor Very poor

MRI

1. Please rate the preparation and information prior to this test.

Very good Good Barely Acceptable Poor Very poor

2. Please rate your degree of concern prior to this test.

No concern Little Moderate Intense Very intense

In case you were concerned: **Why** were you concerned?

3. Please rate the comfort of this test.

Very good Good Barely Acceptable Poor Very poor

4. Please rate your degree of helplessness during this test.

No helplessness Little Moderate Intense Very intense

5. Please rate your pain during and after this test on the following scale.

No pain

Maximum pain

6. Would you be willing to undergo this test again?

Yes No Don't know

7. Please rate your overall satisfaction with this test.

Very good Good Barely Acceptable Poor Very poor

Supporting Information

Angio

1. Please rate the preparation and information prior to this test.

Very good Good Barely Acceptable Poor Very poor

2. Please rate your degree of concern prior to this test.

No concern Little Moderate Intense Very intense

In case you were concerned: **Why** were you concerned?

3. Please rate the comfort of this test.

Very good Good Barely Acceptable Poor Very poor

4. Please rate your degree of helplessness during this test.

No helplessness Little Moderate Intense Very intense

5. Please rate your pain during and after this test on the following scale.

No pain

Maximum pain

6. Would you be willing to undergo this test again?

Yes No Don't know

7. Please rate your overall satisfaction with this test.

Very good Good Barely Acceptable Poor Very poor

Summary

1. Which test would you prefer for future imaging of the coronary arteries?

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2. Please describe other important thoughts about the three tests on the following lines and name the advantages and disadvantages of the tests using the table below.

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	Advantages	Disadvantages
CT		
MRI		
Angio		