

# MEASURES

## THE INFORMATION NEEDS SECTION

**Baseline (t0) instructions:**

**Please answer the following questions, concerning the information that you are given and that you would like to get in relation to your acute coronary syndrome.**

**Six (t1), twelve (t2), twenty-four (t3) months follow-up instructions:**

**Please answer the following questions, concerning the information that you are given from your last visit to today and the information that you would like to get in relation to your acute coronary syndrome.**

**Please indicate how much information you would like to receive about the following topics connected to managing your acute coronary syndrome:**

	Not at all <span style="font-size: small;">←</span> <span style="font-size: small;">→</span> Very much				
	1	2	3	4	5
<p><b><u>A – PHARMACOLOGICAL TREATMENT:</u></b> information on the types of medicines to take, when to take them, and their possible interaction with other medicines, etc.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>B – KNOWLEDGE ABOUT THE DISEASE:</u></b> information of an anatomical /functional nature connected to my disease (ex. how my blood circulation system functions, what the symptoms connected to my health problem are, and what I can do to manage them etc..)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>C – DAILY LIFE ACTIVITIES:</u></b> information about my daily life activities that I can continue to carry out and about which ones I should modify (ex. work, free time, sexual activity, etc.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>D – BEHAVIOURAL HABITS:</u></b> information about the habits that I can continue and those that I should modify (ex. smoking, diet, alcohol, physical activity etc.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>E – THE IMPACT OF THE DISEASE:</u></b> information as to how to manage stress and worries that might be generated by the change in my life caused by this disease.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b><u>F – RISKS AND COMPLICATIONS:</u></b> information about the risks related to my disease and possible complications (ex. the possibilities of a heart attack, how to avoid complications, who to call in case of need etc.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please rate the topics listed below, giving 1 (to the first topic in order of importance) to 6 (to the last topic in order of importance)

TOPIC	ORDER OF IMPORTANCE
A – PHARMACOLOGICAL TREATMENT	<input type="radio"/>
B – KNOWLEDGE OF THE DISEASE	<input type="radio"/>
C – DAILY LIFE ACTIVITIES	<input type="radio"/>
D – BEHAVIOURAL HABITS	<input type="radio"/>
E – IMPACT OF THE DISEASE	<input type="radio"/>
F – RISKS /COMPLICATIONS	<input type="radio"/>

## THE INFORMATION SOURCES SECTION

### *Baseline (t0) instructions:*

Think about how you have learnt about your acute coronary syndrome from the time you became aware of having the illness. For each of the sources listed below indicate if it provided you with information about acute coronary syndrome.

### *Six (t1), twelve (t2), twenty-four (t3) months follow-up instructions:*

For each of the sources listed below indicate if it provided you with information about acute coronary syndrome in the previous months (from your last visit to today).

	YES 1	NO 0
a. General Practitioner/family doctor	<input type="checkbox"/>	<input type="checkbox"/>
b. Specialist	<input type="checkbox"/>	<input type="checkbox"/>
c. Family members	<input type="checkbox"/>	<input type="checkbox"/>
d. Friends /acquaintances	<input type="checkbox"/>	<input type="checkbox"/>
e. Information leaflets etc. given out by the family doctor or the specialist	<input type="checkbox"/>	<input type="checkbox"/>
f. Information leaflets etc. given out by associations	<input type="checkbox"/>	<input type="checkbox"/>
g. Magazines and books	<input type="checkbox"/>	<input type="checkbox"/>
h. Internet	<input type="checkbox"/>	<input type="checkbox"/>
i. Television programs	<input type="checkbox"/>	<input type="checkbox"/>

For each of the sources listed below indicate how relevant it was in providing you with information about acute coronary syndrome.

	Not at all  -----  very				
	1	2	3	4	5
a. General Practitioner/family doctor	<input type="checkbox"/>				
b. Specialist	<input type="checkbox"/>				
c. Family members	<input type="checkbox"/>				
d. Friends /acquaintances	<input type="checkbox"/>				
e. Information leaflets etc. given out by the family doctor or the specialist	<input type="checkbox"/>				
f. Information leaflets etc. given out by associations	<input type="checkbox"/>				
g. Magazines and books	<input type="checkbox"/>				
h. Internet	<input type="checkbox"/>				
i. Television programs	<input type="checkbox"/>				