

# QUESTIONNAIRE ON EXPECTATIONS AFTER CORONARY ANGIOGRAPHY - 6-month follow-up

**Information about the questionnaire:**

By answering these questions you will help us find out if the expectations that you had before your coronary angiography about 6 months ago have been fulfilled.

**Instructions on how you should complete the questionnaire:**

Answer the questions by placing a cross in the box next to the statement that you feel best describes your case. If you are unsure, select the option that is closest.

**1. Which treatment/s have you received as a result of the coronary angiography you had about 6 months ago?**

a. Lifestyle changes (consisting of e.g. smoking cessation, physical exercise and dietary changes).	<input type="checkbox"/>
b. Medical treatment only.	<input type="checkbox"/>
c. Treatment with balloon angioplasty.	<input type="checkbox"/>
d. Treatment with bypass surgery.	<input type="checkbox"/>
e. No treatment at all.	<input type="checkbox"/>
f. Other treatment / surgery (e.g. valve surgery).	<input type="checkbox"/>

**2. How have the expectations you had regarding examination, health care and treatment been met?**

*Answer **ALL** of the following questions, a-e, with the option that best applies to you.*

	Agree entirely	Agree almost entirely	Agree partially	Completely disagree
a. The expectations I had regarding information before the examination and treatment have been met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The expectations I had regarding my treatment have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have received treatment in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The expectations I had regarding the way I would be received (by medical staff) have been met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The expectations I had regarding feeling safe have been fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### 3. How do you feel now, six months after your coronary angiography?

*Answer **ALL** of the following questions, a-d, with the option that best applies to you.*

	Agree entirely	Agree almost entirely	Agree partially	Completely disagree
a. I feel well informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel I have been well taken care of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel I know where to turn if I should deteriorate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. How significant are the symptoms that you had 6 months ago today?

*Answer **ALL** of the following questions, a-f, with the option that best applies to you.*

	Agree entirely	Agree almost entirely	Agree partially	Completely disagree
a. I have no symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My symptoms do not affect me much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My symptoms are limiting my ability to live an active life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My symptoms are of a physical nature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My relatives are worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My relationships with family and friends are affected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**5. How are you feeling today compared to how you felt 6 months ago?**

*Answer only **ONE** of the following options.*

- a. I am completely recovered.
- b. I am almost completely recovered.
- c. I am partially recovered.
- d. I am not at all recovered.
- e. I have deteriorated.

**6. With your experience today, which treatment goal feels most relevant for the symptoms / conditions you had when you underwent coronary angiography?**

*Rank the following options from 1 to 6, write 1 for the most important option, 2 for the second most important, and so on.*

- a. To be completely free of symptoms.
- b. To live a normal life and be able to perform desirable activities.
- c. To have a good knowledge about my symptoms / condition.
- d. To know if the symptoms / conditions present a risk for my future life and health.
- e. To obtain relief from my symptoms.
- f. To reduce anxiety and increase a feeling of safety

**7. Other comments?**

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**Thank you for your participation!**