

APPENDIX**Appendix-Table 1: Urgency levels**

Urgency level	Implication
U0	Reanimation
U1	Life-threatening, GP/ ambulance should arrive within 15 minutes
U2	Emergency, GP should arrive within 60 minutes
U3	Urgent, consultation by GP within three hours
U4	Routine, consultation by GP the same day
U5	Advise given by triage nurse

U: urgency; GP: general practitioner

Appendix-Table 2: Items that were registered on a case record form

Duration of the telephone call	Dyspnoea or chest tightness
Was the conversation with the patient or a relative?	Fever, cough or having a cold
Presence of chest pain	Smoking status
Type of pain	History of diabetes mellitus
Location of the chest pain	History of hypertension
Intensity of the pain (score between 0 and 10)	History of hypercholesterolemia
Radiation of the pain	History of cardiovascular disease
Symptoms during rest or during exercise	Complaints similar to previous episodes of cardiac disease
Duration of the symptoms	Family history of cardiovascular disease
Similar symptoms in the last 4 weeks	Family history of sudden cardiac death below the age of 60 years
Nausea or vomiting	Life-threatening disease suspected
Sweating	

Appendix-Table 3: Participants compared to patients with chest discomfort without a final diagnosis retrieved from the general practitioners

	Participants (n=518)	Non-participants (n=314)	P-value
Duration of call, minutes	7:15	7:19	0.750
Female sex	276 (53.3%)	161 (51.3%)	0.574
Mean age in years (SD)	61.7 (17.1)	61.4 (17.6)	0.769
History of CVD	210 (52.6%)	126 (54.5%)	0.643
Chest pain	455 (89.9%)	281 (90.9%)	0.634
Radiation of chest pain	295 (74.7%)	171 (70.7%)	0.266
Dyspnoea	219 (61.9%)	138 (60.5%)	0.746
Nausea/vomiting	141 (38.3%)	83 (40.3%)	0.624
Sweating	166 (41.1%)	86 (35.0%)	0.120
High urgency allocation (U1-2)	338 (65.3%)	206 (65.6%)	0.917

CVD = cardiovascular disease; (n=): number of patients; U = urgency