

Questionnaire 1 - Telephone Interview by MBBS Graduate

Name :..... Tel :.....

Age :..... Date of Birth :.....

Sex : M F

Address :.....

RHS Number :.....

1. Is the participant alive? Yes No

(If Yes - Go to Question 2)

If No - date of death :.....

cause of death (from DC) :.....

cause of death not known :.....

If cause of death not clear - Needs Home Visit

2. From 2007 up to now has the participant had any of the following?

a) non-fatal myocardial infarction (heart attack) - Yes No

(If Yes go to Question 3)

b) non-fatal stroke - Yes No

(If Yes go to Question 4)

c) coronary artery bypass surgery (bypass) - Yes No

d) percutaneous transluminal coronary angiography (stent) - Yes No

3) (If Yes to a) – Clarify whether clinically significant – Yes No

[Clinically significant chest pain = requiring hospital admission for >24 hours and requiring special treatment (streptokinase, heparin, cardiology referral with or without echocardiography and/or referral for coronary intervention)]

If Yes fill relevant table (2-5) in questionnaire 2

4) (If Yes to b) - Clarify whether clinically significant – Yes No

[Clinically significant neurological deficit = sudden onset neurological deficit lasting >24 hours, requiring a CT scan of the brain and/or management in a specialized Stroke Unit]

If Yes fill relevant table (2-5) in questionnaire 2

5) Further details needed based on 1-4 - Yes No

If Yes - Needs Home Visit

Questionnaire 2 - Home Visit by MBBS Graduate

Name :

Age : Date of Birth :

Sex : M F

Address :

RHS Number :

1) Death of participant between 2007-2014

Date of Death -

Cause of Death -

Previous Non-Fatal Events - Yes No

(If Yes go to relevant Table below)

2) Non-fatal MI

Date			
Hospital			
Diagnosis			

3) Non-fatal Stroke

Date			
Hospital			
Diagnosis			

4) Coronary artery bypass surgery

Date			
Hospital			

5) Percutaneous transluminal coronary angiography

Date			
Hospital			
Diagnosis			