NACR Questionnaire Assessment 1

THE QUESTIONNAIRES & NATIONAL AUDIT OF CARDIAC REHABILITATION

Cardiac rehabilitation starts with an assessment to see how we can help you and we would be grateful if you would fill in the attached questionnaire. This information is also used for the National Audit of Cardiac Rehabilitation.

We will ask you to fill the questionnaire in again at the end of the rehab programme and then again 12 months later. The reason for collecting the data is to measure what you achieve on this programme, and through combining everyone's information in the National Audit Programme to find ways to improve cardiac rehabilitation. It is also very helpful for us to compare how we are doing here so that, if necessary, we can improve our programme.

WHAT HAPPENS TO THE INFORMATION?

We enter the information into a computer programme in the hospital and this is treated in the same way as all information you provide to your healthcare team.

The data is collected by NHS Digital (formerly HSCIC) who hold data and information relating to health and social care (http://content.digital.nhs.uk/). They anonymise it and send it to the BHF Cardiac Care and Education Research Group at the University of York, who combine the data into an annual report. You can download the previous reports here:

http://www.cardiacrehabilitation.org.uk/reports.htm

The NACR does not hold any personal data which means it will not share any personal data with any other person or organisation. Data, in an anonymised format, collected by the NACR is used to assess the quality of cardiac rehab and for research that aims to clarify which factors determine the success of cardiac rehab.

For further information please see our Privacy Notice:
http://www.cardiacrehabilitation.org.uk/patient-privacy-notice.htm

WHO SEES MY INFORMATION?

The staff who treat you here, and staff at NHS Digital if necessary. Staff of the National Audit in York see the same information but with the name/NHS number/address details removed so they don't know who it is from.

DO I HAVE TO TAKE PART

No you don't, this is completely voluntary so you can Opt-out. If you don't want to take part it will not affect your treatment in any way. If you start but want to stop later that is fine too. The NHS has an Opt-out policy which NHS Digital and NACR follow.

For more detail see: https://digital.nhs.uk/services/national-data-opt-out-programme

QUESTIONS?

If you have further questions please ask any of your rehab staff.

THANK YOU FOR YOUR HELP

NB If you are completing this form on a smartphone or tablet you will need to download a PDF Reader (eg. Adobe) from your Play or Apple store

About You

NHS No. ☐ DOB (dd/mm/yyyy) ☐

Name ☐ Date (dd/mm/yyyy) ☐

Gender (please tick one)

Male ☐1 Female ☐2

Marital Status (please tick one)

Single	☐1	Married	☐2
Permanent partnership	☐3	Divorced	☐4
Widowed	☐5	Separated	☐6

What is your ethnic group? (please tick one)

We are collecting this information to check that everyone has fair access to the help that they need. Please tick the one that describes you best, or, if none of them do select Any other ethnic group (S)

White - British	☐A
White - Irish	☐B
White - Any other White background	☐C
Mixed - White and Black Caribbean	☐D
Mixed - White and Black African	☐E
Mixed - White and Asian	☐F
Any other Mixed background	☐G
Asian or Asian British - Indian	☐H
Asian or Asian British - Pakistani	☐J
Asian or Asian British - Bangladeshi	☐K
Any other Asian background	☐L
Black or Black British - Caribbean	☐M
Black or Black British - African	☐N
Any other Black background	☐P
Other Ethnic Groups - Chinese	☐R
Any other ethnic group ……	☐S

Previous Events: Other heart problems you have had, before the current event (please tick all that apply)

MI (Heart Attack)	☐1	Cardiac Arrest	☐2
Pacemaker	☐3	LV Assist Device	☐4
Angina	☐6	ICD	☐7
Bypass Surgery	☐8	Other Surgery	☐9
Congenital Heart	☐10	Angioplasty / PCI	☐11
Heart Failure	☐12	Transplant	☐13
Other	☐14	No/None	☐15
Arrhythmia	☐16	Unknown	☐99

Other Illnesses You've Been Told You Have (Comorbidity)

Have you ever been told by a doctor that you have definitely had any of the following illnesses?

Please answer every question even if they are all NO.

Angina	NO	☐	YES	☐1
Arthritis (osteoarthritis)	NO	☐	YES	☐2
Cancer	NO	☐	YES	☐3
Diabetes	NO	☐	YES	☐4
Rheumatism	NO	☐	YES	☐5
A stroke	NO	☐	YES	☐6
Osteoporosis	NO	☐	YES	☐7
Hypertension	NO	☐	YES	☐8
Chronic bronchitis	NO	☐	YES	☐9
Emphysema	NO	☐	YES	☐10
Asthma	NO	☐	YES	☐11

('Other Illnesses' cont. over…)

Claudication	NO	☐	YES	☐12
Back problems or chronic pain	NO	☐	YES	☐13
Anxiety	NO	☐	YES	☐14
Depression	NO	☐	YES	☐15
Family History	NO	☐	YES	☐16
Erectile Dysfunction	NO	☐	YES	☐17
Hypercholesterolaemia / dyslipidaemia	NO	☐	YES	☐18
Other illnesses	NO	☐	YES	☐99

Weight, Height and Waist Measurements

Weight: ☐ kg ***or*** ☐ st ☐ lbs

Height: ☐ m ***or*** ☐ ft ☐ inches

Waist ☐ cm ***or*** ☐ inches

Smoking (please select one)

Never Smoked ☐1 Ex-Smoker ☐2

Stopped smoking since event ☐3 Currently Smoking ☐4

Alcohol

How much do you drink a week? [One unit of alcohol is about equal to: half a pint of ordinary strength beer, lager or cider (3-4% alcohol by volume); or a small pub measure (25 ml) of spirits (40% alcohol by volume); or a standard pub measure (50 ml) of fortified wine such as sherry or port (20% alcohol by volume). There are one and a half units of alcohol in: a small glass (125 ml) of ordinary strength wine (12% alcohol by volume); or a standard pub measure (35 ml) of spirits (40% alcohol by volume).]

Units per Week ☐

Physical Fitness and Activity

(Chief Medical Officer (CMO) Physical Activity Questionnaire)

Do you take regular **moderate** physical activity of at least 30 minutes duration on average 5 times a week? ***(or equivalent eg. 150 minutes over 7 days).*** ***Moderate*** *activity means anything that takes* ***as much effort as****: brisk walking or house work/carrying a light bag on level ground/ mowing the lawn/general DIY like painting and decorating/sports like easy swimming, easy cycling, ballroom dancing etc*	Yes ☐ No ☐

Do you do 75 minutes of **vigorous** exercise a week? ***Vigorous*** *activity means anything that takes* ***as much effort as****: running/vigorous swimming or cycling/aerobics class/ circuit training/digging in heavy ground/chopping wood/ heavy DIY/sports like football, rugby, squash, netball etc*	Yes ☐ No ☐

(continued over…..)

Quality of Life (Dartmouth Co-op)

PHYSICAL FITNESS. During the past week what was the hardest physical activity you could do for at least 2 minutes? (Place a tick in the box next to the one you feel best describes your fitness)

Very heavy, for example: run at a fast pace or carry a heavy load upstairs or uphill (25 lbs / 10 kgs)		1
Heavy: for example: jog, slow pace or climb stairs or a hill at moderate pace		2
Moderate: for example: walk at medium pace or carry a heavy load on level ground (25 lbs / 10 kgs)		3
Light: for example: walk, medium pace or carry a light load on level ground (10 lbs / 5 kgs)		4
Very light: for example: walk at a slow pace, wash dishes		5

FEELINGS. During the past week how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue? (Place a tick in the box next to the one you feel best describes your feelings)

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

DAILY ACTIVITIES. During the past week how much difficulty have you had doing your usual activities or task, both inside and outside the house because of your physical and emotional health?

No difficulty at all		1
A little bit of difficulty		2
Some difficulty		3
Much difficulty		4
Could not do		5

SOCIAL ACTIVITIES. During the past week has your physical and emotional health limited your social activities with family, friends, neighbours or groups?

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

PAIN. During the past week how much bodily pain have you generally had?

No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

CHANGE IN HEALTH. How would you rate your overall health now compared to a week ago?

Much better		1
A little better		2
About the same		3
A little worse		4
Much worse		5

OVERALL HEALTH. During the past week how would you rate your health in general?

Excellent		1
Very good		2
Good		3
Fair		4
Poor		5

SOCIAL SUPPORT. During the past week was someone available to help you if you needed and wanted help? For example:

- if you felt nervous, lonely, or blue,
- got sick and had to stay in bed,
- needed someone to talk to,
- needed help with daily chores,
- needed help with taking care of yourself

Yes, as much as I wanted		1
Yes, quite a bit		2
Yes, some		3
Yes, a little		4
No, not at all		5

QUALITY OF LIFE. How have things been going for you during the past week?

Very well: could hardly be better		1
Pretty good		2
Good & bad parts about equal		3
Pretty bad		4
Very bad: could hardly be worse		5

Please check that you have ticked one answer for every question on all 3 pages

(continued over….)

Hospital Anxiety and Depression Scale (HADS)

GL assessment
the measure of potential

Clinicians are aware that emotions play an important part in most illnesses. If your clinician knows about these feelings he or she will be able to help you more. This questionnaire is designed to help your clinician to know how you feel. Read each item below and **tick the reply** which comes closest to how you have been feeling in the past week. Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought-out response.

I feel tense or 'wound up'
- ☐ Most of the time
- ☐ A lot of the time
- ☐ From time to time, occasionally
- ☐ Not at all

I still enjoy the things I used to enjoy
- ☐ Definitely as much
- ☐ Not quite so much
- ☐ Only a little
- ☐ Hardly at all

I get a sort of frightened feeling as if something awful is about to happen
- ☐ Very definitely and quite badly
- ☐ Yes, but not too badly
- ☐ A little, but it doesn't worry me
- ☐ Not at all

I can laugh and see the funny side of things
- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

Worrying thoughts go through my mind
- ☐ A great deal of the time
- ☐ A lot of the time
- ☐ Not too often
- ☐ Very little

I feel cheerful
- ☐ Never
- ☐ Not often
- ☐ Sometimes
- ☐ Most of the time

I can sit at ease and feel relaxed
- ☐ Definitely
- ☐ Usually
- ☐ Not often
- ☐ Not at all

I feel as if I am slowed down
- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach
- ☐ Not at all
- ☐ Occasionally
- ☐ Quite often
- ☐ Very often

I have lost interest in my appearance
- ☐ Definitely
- ☐ I don't take as much care as I should
- ☐ I may not take quite as much care
- ☐ I take just as much care as ever

I feel restless as if I have to be on the move
- ☐ Very much indeed
- ☐ Quite a lot
- ☐ Not very much
- ☐ Not at all

I look forward with enjoyment to things
- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

I get sudden feelings of panic
- ☐ Very often indeed
- ☐ Quite often
- ☐ Not very often
- ☐ Not at all

I can enjoy a good book or radio or television programme
- ☐ Often
- ☐ Sometimes
- ☐ Not often
- ☐ Very seldom

Now check that you have answered all the questions

	A	D
TOTAL	☐	☐

Work and Employment

Please complete your employment status as it is at the time of filling in this questionnaire.

If you are in paid work, or currently looking for work and could start in the next 2 weeks, or are retraining for work, choose from the Grey box; If you are not paid, or are on temporary/long term sickness benefits, please choose from the White box

Please choose one item, from one box only:

Employed Full Time	☐1
Employed Part Time	☐2
Self-Employed Full Time	☐3
Self-Employed Part Time	☐4
Unemployed/Looking for work	☐5
Government Training Scheme	☐6

Looking after family/home	☐7
Retired	☐8
Permanently Sick/Disabled	☐9
Temporarily Sick/Injured	☐10
Student	☐11
Other Reason Not Working	☐12

Medication / Drugs

Are you currently taking any of these medicines? Please tick all those you are taking in each drug class. (We are wanting drugs related to your cardiac event, so do not worry about medication that is not included in the list below.)

Drug Class	Drug	Tick ü
ACE Inhibitors	Captopril	☐1
	Enalapril	☐2
	Lisinopril	☐3
	Perindopril	☐4
	Ramipril	☐5
	Trandolapril	☐6
	Quinapril	☐7
	Other/Not Specified	☐8
Angiotensin Receptor Blockers (ARB)	Candesartan	☐9
	Losartan	☐10
	Valsartan	☐11
	Other/Not Specified	☐12
Heart Rate Meds	Bisoprolol	☐13
	Carvedilol	☐14
	Nebivolol	☐15
	Atenolol	☐16
	Propranolol	☐17
	Metoprolol	☐18
	Ivabradine	☐19
	Other/Not Specified	☐20

Diuretic: loop	Bumetanide Ethancrynic Acid Frusemide Torasemide Other/Not Specified	☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25
Diuretic: Thiazide	Bendroflumethiazide Metolazone Other/Not Specified	☐ 26 ☐ 27 ☐ 28
Selective Aldosterone Receptor Antagonist (SARA) Diuretic/ Antihypertensive	Eplerenone Spironolactone Other/Not Specified	☐ 29 ☐ 30 ☐ 31
Antiplatelet	Aspirin Clopidogrel Other/Not Specified	☐ 32 ☐ 33 ☐ 34
Antiarrhythmics	Digoxin Amiodarone Other/Not Specified	☐ 35 ☐ 36 ☐ 37
Calcium Channel Blockers (CCBs)	Amlodipine Felodipine Diltiazem Verapamil Other/Not Specified	☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42
Therapy for Lipids (Statins)	Atorvastatin Pravastatin Rosuvastatin Simvastatin Other/Not Specified	☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47
Anticoagulant	Warfarin Other/Not Specified	☐ 48 ☐ 49
Vasodilators	Nitrates (incl GTN Spray) Other/Not Specified	☐ 50 ☐ 51
Current Diabetes Therapy	Metformin Sulphonylurea Glitazone Insulin Other/Not Specified	☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56

(continued over….)

Total Activity Measure

We'd like to know how active you've been in the last week, and how many minutes one of these activities typically lasts. Please put a score in **all 6 boxes** even is the answer is 0. In this questionnaire the last week refers to the week nearest to the point of starting the formal exercise part of your rehabilitation.

NB: If you are filling in this questionnaire at home, and are finding this question difficult, please leave it, and fill it in when you are at your first rehab appointment or clinic – your clinician will be able to help you with it.

1. In the last week, **how many times** did you do **strenuous** activities? ☐

   Typically, how many **minutes** did **one** of those strenuous activities last? ☐

Strenuous activity *means anything that takes* ***as much effort as****: running/vigorous swimming or cycling/aerobics class/ circuit training/digging in heavy ground/chopping wood/ heavy DIY/sports like football, rugby, squash, netball etc*

2. In the last week, **how many times** did you do **moderate** activities? ☐

   Typically, how many **minutes** did **one** of those moderate activities last? ☐

Moderate activity *means anything that takes* ***as much effort as****: brisk walking or house work/carrying a light bag on level ground/ mowing the lawn/general DIY like painting and decorating/sports like easy swimming, easy cycling, ballroom dancing etc*

3. In the last week, **how many times** did you do **mild** activities? ☐

   Typically, how many **minutes** did **one** of those mild activities last? ☐

Mild activity *means anything that takes* ***as much effort as****: easy walking or very light housework/browsing in shops/slow dancing/hand weeding in the garden/sports like bowls, river fishing, golf etc*

Thank you for your help.
The information you have provided will be used
to improve our services to you.

Please remember to save this document to your PC/Device then email it back to your Cardiac Rehab team