

REACT

(Rapid Early Action for Coronary Treatment)

EMERGENCY DEPARTMENT TELEPHONE FOLLOW-UP SURVEY

TELEPHONE INTERVIEW

RESPONDENT ID: [] - [] - [][] - [][][][] - []

DATE: [][] [][] [][]
MONTH DAY YEAR

INTERVIEWER ID: [][]

START TIME: [][] : [][] 1. AM 2. PM

READ TO ALL RESPONDENTS TO BE INTERVIEWED BY TELEPHONE

I am calling on behalf of [UNIVERSITY]*. The University is participating in a study to learn more about people with chest pain or similar symptoms who seek medical care.

Before we begin, let me remind you that your participation is voluntary and will help us learn more about the treatment of heart disease. You may ask to stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I will go on to the next question.

Any information that you provide is strictly confidential. Only research staff will see your responses. For quality assurance, my supervisor may monitor this call.

If you have any questions or concerns about the survey, you may call the [CONTACT PERSON] at [UNIVERSITY]*, or the Institutional Review Board at the New England Research Institutes. The toll free number for NERI is 1-800-775-6374 x523. There will be absolutely no charge to you.

*** SEE LIST**

I, THE INTERVIEWER HAVE READ THIS STATEMENT TO THE RESPONDENT
_____ **INITIALS OF THE INTERVIEWER**

INTRODUCTION

I'll be asking about your visit to [HOSPITAL] on [DATE OF EVENT], then I'll ask you more general questions about heart health and yourself.

SECTION A: SITUATIONAL CONTEXT

- A1. What problems or complaints did you experience that led you to go to the Emergency Room?
[PROBE: Anything else?]
[CIRCLE "1" OR "2" FOR EACH RESPONSE.]

		NO	YES
a.	ABDOMINAL PAIN	1	2
b.	ARM PAIN OR SHOULDER PAIN	1	2
c.	BACK PAIN	1	2
d.	CHEST PAIN	1	2
e.	CHEST PRESSURE	1	2
f.	CHEST TIGHTNESS	1	2
g.	CHEST DISCOMFORT(HEAVINESS, BURNING, TENDERNESS)	1	2
h.	COUGH	1	2
i.	DIZZINESS, LIGHTHEADEDNESS	1	2
j.	FEEL LOUSY/GENERAL BLAHNESS	1	2
k.	HEADACHE	1	2
l.	HEARTBURN/INDIGESTION/STOMACH PROBLEM	1	2
m.	IMPENDING DOOM	1	2
n.	JAW PAIN	1	2
o.	LOSS OF CONSCIOUSNESS/FAINTING	1	2
p.	NAUSEA/VOMITING	1	2
q.	NECK PAIN	1	2
r.	NUMBNESS/TINGLING IN ARM OR HAND	1	2
s.	PALPITATIONS/RAPID HEART RATE	1	2
t.	SHORTNESS OF BREATH/DIFFICULTY BREATHING	1	2
u.	SWEATING	1	2
v.	WEAKNESS/FATIGUE/FAINTNESS	1	2
w.	OTHER(SPECIFY):_____	1	2

A2. When did the problems that led you to go to the Emergency Room start?
[PROBE: On what date and time?]

DATE:
 MONTH DAY YEAR

TIME: : 1. AM 2. PM

INTERVIEWER NOTE:

1) IF RESPONDENT GIVES A DATE THAT IS MORE THAN 1 WEEK PRIOR TO “ED VISIT DATE” ON CONTACT RECORD, SAY: “Yes, I understand that the problems may go on for a long time. **But**, what happened that made you decide to **go to** the Emergency Room - that’s the date we’re looking for.”

2) IF RESPONDENT CANNOT PROVIDE ANY DATE AT ALL: “Did the problem start the same day that you went to the Emergency Room, the day before, or was it earlier?” IF RESPONDENT SAYS SAME DAY, RECORD DATE LISTED ON CONTACT RECORD. IF RESPONDENT SAYS EARLIER ASK: “When?” OR “How many days before?”

A2a. [IF UNABLE TO PROVIDE CLOCK TIME, PROBE:

“How many hours or minutes before you arrived at the Emergency Room did the problems or complaints start?” OR “How long after the problems (or complaints) started did you arrive at the Emergency Room?”]

:
HOURS MINUTES

INTERVIEWER NOTES: QUESTION A2 SERIES

A3. Before calling the ambulance or going to the hospital, did you take any action or do anything for these problems or complaints?

[CIRCLE "1" OR "2" FOR EACH RESPONSE.]

[PROBE IF NECESSARY: Call or talk to anyone? Take medication? Did you do anything else?]

[PROBE: Anything else?]

		NO	YES
a.	DRINK ALCOHOL	1	2
b.	TAKE ANTACID	1	2
c.	TAKE ASPIRIN/OTHER PAIN MEDICATION	1	2
d.	TAKE NITROGLYCERIN	1	2
e.	TAKE TRANQUILIZER OR RELAXING DRUG	1	2
f.	TAKE OTHER MEDICATION (SPECIFY): _____	1	2
g.	TALK TO COWORKER	1	2
h.	TALK TO DOCTOR	1	2
i.	TALK TO FAMILY MEMBER	1	2
j.	TALK TO FRIEND	1	2
k.	TALK TO HOSPITAL PERSONNEL	1	2
l.	TALK TO NURSE	1	2
m.	TALK TO OTHER PERSON (SPECIFY): _____	1	2
n.	CALLED DOCTOR	1	2
o.	CALLED HEALTH CARE PLAN	1	2
p.	CALL OTHER (SPECIFY): _____	1	2
q.	ACCEPTED SYMPTOMS/SITUATION	1	2
r.	DID NOTHING TO COPE/RESPOND TO SYMPTOMS	1	2
s.	DISENGAGED SELF FROM SYMPTOMS BY DOING/THINKING SOMETHING ELSE	1	2
t.	IGNORED SYMPTOMS	1	2
u.	REDEFINED SYMPTOMS/SITUATION AS NOT THREATENING	1	2
v.	REST/STOP ACTIVITY	1	2
w.	WAITED TO SEE WHAT WOULD HAPPEN	1	2
x.	OTHER ACTIVITY(SPECIFY): _____	1	2

A4. What did you think was causing the problems or complaints that led you to go to the Emergency Room?

[CIRCLE "1" OR "2" FOR EACH RESPONSE.]

[PROBE: Anything else?]

		NO	YES
a.	ANGINA	1	2
b.	ANXIETY	1	2
c.	ARTHRITIS	1	2
d.	BREATHING OR LUNG PROBLEM	1	2
e.	DON'T KNOW/NO IDEA	1	2
f.	FLU/COLD	1	2
g.	HEART ATTACK	1	2
h.	HEARTBURN/INDIGESTION/STOMACH PROBLEM	1	2
i.	HEART PROBLEM/HEART CONDITION	1	2
j.	MUSCLE INJURY/PAIN	1	2
k.	OVEREXERTION	1	2
l.	ULCER	1	2
m.	OTHER (SPECIFY): _____	1	2

A5. Were you alone when the **decision** was made to go to the Emergency Room?

1. NO

2. YES

A5a. Who made the **decision** to go to the Emergency Room?

[RECORD IN COLUMN A5a "1" OR "2" FOR EACH RESPONSE.]

[PROBE: Anyone else?]

A5b. Did anyone encourage or support your decision to go to the Emergency Room?

[RECORD IN COLUMN A5b "1" OR "2" FOR EACH RESPONSE.]

[PROBE: Anyone else?]

		A5a. DECISION		A5b. ENCOURAGE	
		NO	YES	NO	YES
a.	CASUAL ACQUAINTANCE	1	2	1	2
b.	CO-WORKER	1	2	1	2
c.	HOSPITAL PERSONNEL	1	2	1	2
d.	NEIGHBOR	1	2	1	2
e.	NOBODY	1	2	1	2
f.	OTHER FAMILY	1	2	1	2
g.	PARAMEDICS	1	2	1	2
h.	PHYSICIAN	1	2	1	2
i.	PHYSICIAN'S OFFICE STAFF	1	2	1	2
j.	SPOUSE	1	2	1	2
k.	STRANGER	1	2	1	2
l.	YOURSELF	1	2	1	2
m.	OTHER (SPECIFY): _____	1	2	1	2

A6. Did you or someone else call 911 or an ambulance?

1. NO → A6c. Were there any particular reasons why you did not call 911 or an ambulance?

[CIRCLE “1” OR “2” FOR EACH RESPONSE.]

[PROBE: “Anything else?”]

		NO	YES
a.	COST/NO INSURANCE	1	2
b.	FASTER ALTERNATIVE FOR GETTING TO THE HOSPITAL	1	2
c.	EMBARRASSED TO CALL 911	1	2
d.	SYMPTOMS NOT SEVERE/WORRISOME ENOUGH	1	2
e.	OTHER (SPECIFY): _____	1	2

2. YES



A6a. On what date and time, did you call 911 or an ambulance?

DATE:

 MONTH DAY YEAR

TIME: : 1. AM 2. PM

INTERVIEWER NOTE

1) IF RESPONDENT GIVES A DATE THAT IS MORE THAN 1 WEEK PRIOR TO “ED VISIT DATE” ON CONTACT RECORD, SAY: “Yes, I understand that the problems may go on for a long time. **But**, what happened that made you **call** 911 or an ambulance to go to the Emergency Room - that’s the date we’re looking for.”

2) IF RESPONDENT CANNOT PROVIDE ANY DATE AT ALL: “Did you call 911 or an ambulance on the same day that you went to the Emergency Room, the day before, or was it earlier?” IF RESPONDENT SAYS SAME DAY, RECORD DATE LISTED ON CONTACT RECORD. IF RESPONDENT SAYS EARLIER ASK: “When?” OR “How many days before?”

A6b. [IF UNABLE TO PROVIDE CLOCK TIME, PROBE: “How many hours or minutes before you arrived at the Emergency Room did you call 911 or an ambulance?” OR “How long after you called 911 or an ambulance did you arrive at the Emergency Room?”]

:

HOURS MINUTES

INTERVIEWER NOTE:

IF TIME PERIOD IS BEFORE TIME PROVIDED IN A2 SERIES (PAGE 3):
 [PROBE: Let me see, when I asked when the problems that led you to the Emergency Room started you said [DATE AND TIME]...[REPEAT A6a.]]

A7. On what date and time did you leave for the Emergency Room?

DATE:
 MONTH DAY YEAR

TIME: : 1. AM 2. PM

INTERVIEWER NOTE:

1) IF RESPONDENT GIVES A DATE THAT IS MORE THAN 1 WEEK PRIOR TO "ED VISIT DATE" ON CONTACT RECORD, SAY: "Yes, I understand that the problems may go on for a long time. **But**, what happened that made you **leave for** the Emergency Room - that's the date we're looking for."

2) IF RESPONDENT CANNOT PROVIDE ANY DATE AT ALL: "Did you leave for the Emergency Room on the same day that you got there, the day before, or was it earlier?" IF RESPONDENT SAYS SAME DAY, RECORD DATE LISTED ON CONTACT RECORD. IF RESPONDENT SAYS EARLIER ASK: "When?" OR "How many days before?"

A7a. [IF UNABLE TO PROVIDE CLOCK TIME, PROBE: "How many hours or minutes before you arrived at the Emergency Room did you leave for the Emergency Room?" OR "How long after you left for the Emergency Room, did you arrive there?"]

:
HOURS MINUTES

INTERVIEWER NOTE:

IF TIME PERIOD IS BEFORE TIME PROVIDED IN A6 SERIES (PAGE 7):

[PROBE: Let me see, when I asked when you called the Emergency Room, you said [DATE AND TIME]....
[REPEAT A7.]]

A8. How did you get to the Emergency Room?

1. ARRIVED BY AMBULANCE
2. HELICOPTER
3. ARRIVED BY FIRE OR POLICE DEPARTMENT
4. DROVE MYSELF (PRIVATE CAR)
5. SOMEONE DROVE ME (PRIVATE CAR)
6. TOOK PUBLIC TRANSPORTATION (TAXI, BUS, ETC.)
7. OTHER (SPECIFY): _____

SECTION B: BARRIERS/FACILITATORS TO CARE SEEKING

Many things could affect a person’s decision to go to the hospital. A variety of things could speed you up or slow you down. Thinking back to when you experienced the symptoms we were talking about, I’d like to ask you about the things that affected your decision to go to the hospital.

B1. Did any factors or things cause you to go quickly to the hospital?

1. NO → **GO TO B2.**

2. YES
↓

B1a. What were those factors?

[CIRCLE “1” OR “2” FOR EACH RESPONSE.]

[PROBE: Anything that somebody said or anything that you felt?]

[PROBE: Anything else?]

		NO	YES
a.	ADVICE FROM DOCTOR OR HEALTH CARE PROVIDER	1	2
b.	ADVICE FROM FAMILY MEMBERS	1	2
c.	ADVICE FROM FRIENDS OR COWORKERS	1	2
d.	CERTAINTY THAT THE CAUSE OF SYMPTOMS WAS A HEART ATTACK	1	2
e.	HAD MEDICAL INSURANCE	1	2
f.	HAD SIMILAR SYMPTOMS BEFORE	1	2
g.	HAD TOO MANY RESPONSIBILITIES TO RISK NOT BEING SEEN	1	2
h.	KNEW I HAD A SERIOUS ILLNESS/PROBLEM	1	2
i.	PAIN GOT WORSE	1	2
j.	SYMPTOMS WERE SEVERE OR VERY DISTURBING	1	2
k.	OTHER (SPECIFY): _____	1	2

B2. Did any factors or things cause you to wait to go to the hospital?

1. NO → GO TO SECTION C.

2. YES



B2a. What were those factors?

[CIRCLE “1” OR “2” FOR EACH RESPONSE.]

[PROBE: Anything that someone said or anything you felt?]

[PROBE: Anything else?]

		NO	YES
a.	ADVICE FROM DOCTOR OR HEALTH CARE PROVIDER	1	2
b.	ADVICE FROM FAMILY MEMBERS	1	2
c.	ADVICE FROM FRIENDS OR COWORKERS	1	2
d.	AFRAID OF POSSIBLE TREATMENTS	1	2
e.	CHILDCARE	1	2
f.	COST OF MEDICAL CARE	1	2
g.	DID NOT THINK SYMPTOMS WERE RELATED TO HEART DISEASE	1	2
h.	EMBARRASSED ABOUT BEING A FALSE ALARM	1	2
i.	FEAR OF HOSPITALS/DOCTORS	1	2
j.	HAD SIMILAR SYMPTOMS BEFORE THAT WENT AWAY	1	2
k.	LACK OF CONFIDENCE IN HOSPITAL STAFF	1	2
l.	LACK OF MEDICAL INSURANCE	1	2
m.	NOT SERIOUS/ SEVERE SYMPTOMS/ ILLNESS/ PROBLEMS	1	2
n.	WAIT TO HEAR BACK FROM HEALTH CARE PROVIDER/PLAN	1	2
o.	WOULD LOSE PAY FROM WORK	1	2
p.	OTHER (SPECIFY): _____	1	2

SECTION C: THE EMERGENCY ROOM VISIT

C1. What were you told was the reason for the signs or symptoms that brought you to the Emergency Room?

[CIRCLE “1” OR “2” FOR EACH RESPONSE.]

[PROBE: Anything else?]

		NO	YES
a.	ANGINA	1	2
b.	ARTHRITIS	1	2
c.	ANXIETY/PANIC ATTACK	1	2
d.	BREATHING OR LUNG PROBLEM	1	2
e.	DIDN'T TELL ME ANYTHING	1	2
f.	DON'T KNOW/DON'T REMEMBER/NO IDEA	1	2
g.	FLU/COLD	1	2
h.	HEART ATTACK	1	2
i.	HEARTBURN/INDIGESTION/STOMACH PROBLEM	1	2
j.	HEART PROBLEM/HEART CONDITION	1	2
k.	HIGH BLOOD PRESSURE	1	2
l.	MUSCLE INJURY/PAIN	1	2
m.	ULCER	1	2
n.	UNDETERMINED/THEY DIDN'T KNOW	1	2
o.	OTHER (SPECIFY): _____	1	2

C2. What instructions or advice were you given to manage or help the symptoms?
[PROBE: Anything else?]

1. GOT NO INSTRUCTIONS → **GO TO C2b.**

2. SEE PERSONAL DOCTOR



C2a2. Did you follow that advice? 1. NO 2. YES

3. TAKE MEDICATION



C2a3. Did you follow that advice? 1. NO 2. YES

4. REST



C2a4. Did you follow that advice? 1. NO 2. YES

5. OTHER (SPECIFY): _____



C2a5. Did you follow that advice? 1. NO 2. YES

-8. DON'T KNOW → **GO TO C2b.**

-2. REFUSED → **GO TO C2b.**

C2b. Since you were seen at the hospital ER, did you see your doctor about the symptoms which brought you to the ER?

1. NO

2. YES

C3. What were you told to do if your symptoms came back after you were discharged from the Emergency Room?

[CIRCLE "1" OR "2" FOR EACH RESPONSE.]

[PROBE: Anything else?]

		NO	YES
1.	CALL 911/AMBULANCE	1	2
2.	CALL ED/HOSPITAL	1	2
3.	CALL YOUR PERSONAL PHYSICIAN	1	2
4.	DON'T KNOW	1	2
5.	GO TO THE EMERGENCY DEPARTMENT/EMERGENCY ROOM	1	2
6.	NOTHING	1	2
7.	OTHER (SPECIFY): _____	1	2

C4. Since your treatment for your symptoms on [REPEAT DATE OF EVENT], has a doctor told you that you have a heart-related problem?

1. NO

2. YES

SECTION D: AFFECTIVE RESPONSE

Looking back on your visit to the Emergency Room, how much do you agree or disagree with the following statements? Do you strongly agree, agree, disagree, or strongly disagree?

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NO OPINION
D1.	You did the right thing by going to the Emergency Room for your symptoms.	1	2	3	4	5
D2.	The Emergency Room staff made you feel like you did the right thing by coming to the Emergency Room.	1	2	3	4	5
D3.	You were embarrassed when you realized you were not having a heart attack.	1	2	3	4	5
D4.	Your experience with the Emergency Room has increased your ability to decide when similar symptoms require emergency medical care.	1	2	3	4	5

SECTION E: SATISFACTION

In terms of your experience with the Emergency Department staff, how would you rate each of the following?
 [REPEAT RESPONSE CHOICES FOR EACH EXPLANATION.]

How was...		Excellent	Very Good	Good	Fair	Poor	NA
E1.	The explanation of what caused your problems.	1	2	3	4	5	8
E2.	The explanation of what was done for you.	1	2	3	4	5	8
E3.	The explanation of what to do if your problems returned after you left the Emergency Room.	1	2	3	4	5	8

SECTION F: BEHAVIORAL REHEARSAL AND PROVIDER/BYSTANDER INTERACTION

F1. Before your recent visit to the Emergency Room, had you ever talked with anyone about planning what to do in case you were having a heart attack?

1. NO → GO TO G1.

-8. DON'T KNOW → GO TO G1.

2. YES

-2. REFUSED → GO TO G1.



F1a. Whom did you talk with?

F1b. Did you talk with them during the 6 months before your visit to the Emergency Room?

		A		B	
		NO	YES	NO	YES
1.	CO-WORKER/COLLEAGUE	1	2	1	2
2.	FRIEND	1	2	1	2
3.	NEIGHBOR	1	2	1	2
4.	NURSE	1	2	1	2
5.	OTHER FAMILY MEMBER	1	2	1	2
6.	OTHER HEALTH PROFESSIONAL	1	2	1	2
7.	PHYSICIAN	1	2	1	2
8.	SPOUSE	1	2	1	2
9.	OTHER (SPECIFY): _____	1	2	1	2

SECTION G: INTENTIONS/ PREPARATION AND SYMPTOM KNOWLEDGE

G1. In the future, if you had problems similar to the ones that brought you to the Emergency Room, would you do anything differently?

1. NO → GO TO H1.

-8. DON'T KNOW → GO TO H1.

2. YES

-2. REFUSED → GO TO H1.



G1a. What would you do differently?

		NO	YES
1.	COME TO THE ER SOONER	1	2
2.	CONSULT WITH DOCTOR	1	2
3.	DELAY GOING TO EMERGENCY ROOM/HOSPITAL	1	2
3.	GET TO EMERGENCY ROOM/HOSPITAL SOONER	1	2
3.	NOT GO TO THE EMERGENCY ROOM	1	2
4.	OTHER (SPECIFY): _____	1	2

G2. Have you talked with a spouse (husband or wife) or family member about what you would do if you thought you were having a heart attack?

1. NO

-8. DON'T KNOW

2. YES

-2. REFUSED

G3. Have you talked with a neighbor, friend, colleague, or community health worker about what you would do if you thought you were having a heart attack?

1. NO

-8. DON'T KNOW

2. YES

-2. REFUSED

G4. Do you feel you know enough about what to do if you think you might be having a heart attack?

1. NO



2. YES → GO TO H1.

-8. DON'T KNOW → GO TO H1.

-2. REFUSED → GO TO H1.

G4a. Why not?

[PROBE: Can you tell me some of the reasons?]

1. _____

2. _____

3. _____

SECTION H: SELF-EFFICACY

H1. How sure are you that you could recognize the signs or symptoms of a heart attack in someone else? Are you very sure, pretty sure, a little sure, or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

H2. How sure are you that you could recognize the signs or symptoms of a heart attack in yourself? Are you very sure, pretty sure, a little sure, or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

H3. How sure are you that you could tell the difference between the signs or symptoms of a heart attack and other medical problems? Are you very sure, pretty sure, a little sure, or not at all sure?

1	2	3	4	-8	-2
Very Sure	Pretty Sure	A Little Sure	Not At All Sure	DK/NO OPINION	REFUSED

SECTION I: BELIEFS

I1. Compared to other [MEN/WOMEN] your age, how likely do you think it is that you could have a heart attack in the next five years? Would that be much less likely, somewhat less likely, about the same, somewhat more likely or much more likely than other [MEN/WOMEN] your age?

1	2	3	4	5	-8	-2
Much Less Likely	Somewhat Less Likely	About the Same	Somewhat More Likely	Much More Likely	DON'T KNOW	REFUSED

Now I will read you some statements of opinion. Please tell me how you feel about each statement. Do you strongly agree, agree, disagree, or strongly disagree? Here's the first statement.

[NOTE: IF RESPONDENT HAS DIFFICULTY, ASK: Do you strongly agree (agree, disagree, strongly disagree) that you would be embarrassed, etc.]

I2. I would be embarrassed to go to the hospital if I thought I was having a heart attack but I wasn't. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly Disagree	DON'T KNOW	REFUSED

I3. If I thought I was having a heart attack, I would wait until I was very sure before going to the hospital. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly Disagree	DON'T KNOW	REFUSED

I4. If I thought I was having a heart attack, I would rather have someone drive me to the hospital than have an ambulance come to my home. Do you:

1	2	3	4	-8	-2
Strongly Agree	Agree	Disagree	Strongly Disagree	DON'T KNOW	REFUSED

SECTION J: KNOWLEDGE

J1. What would you say are the signs or symptoms that someone may be having a heart attack?

[CIRCLE "1" OR "2" FOR EACH RESPONSE.]

[PROBE: Anything else?]

		NO	YES
a.	ABDOMINAL PAIN	1	2
b.	ARM PAIN OR SHOULDER PAIN	1	2
c.	BACK PAIN	1	2
d.	CHEST PAIN	1	2
e.	CHEST PRESSURE	1	2
f.	CHEST TIGHTNESS	1	2
g.	CHEST DISCOMFORT(HEAVINESS, BURNING, TENDERNESS)	1	2
h.	COUGH	1	2
i.	DIZZINESS, LIGHTHEADEDNESS	1	2
j.	DON'T KNOW/NO IDEA	1	2
k.	FEEL LOUSY/GENERAL BLAHNESS	1	2
l.	HEADACHE	1	2
m.	HEARTBURN/INDIGESTION/STOMACH PROBLEM	1	2
n.	IMPENDING DOOM	1	2
o.	JAW PAIN	1	2
p.	LOSS OF CONSCIOUSNESS/FAINTING	1	2
q.	NAUSEA/VOMITING	1	2
r.	NECK PAIN	1	2
s.	NUMBNESS/TINGLING IN ARM OR HAND	1	2
t.	PALPITATIONS/RAPID HEART RATE	1	2
u.	SHORTNESS OF BREATH/DIFFICULTY BREATHING	1	2
v.	SWEATING	1	2
w.	WEAKNESS/FATIGUE/FAINTNESS	1	2
x.	OTHER (SPECIFY): _____	1	2

J2. Now I'd like to read you some statements about heart health. Tell me whether each of the following statements is true, false, or you don't know:

		TRUE	FALSE	DON'T KNOW	REFUSED
a.	Heart disease is the most common cause of death in women in the United States.	1	2	-8	-2
b.	Almost all heart attacks occur in people over age 65.	1	2	-8	-2
c.	Hospitals have drugs that reduce the damage done when a heart attack occurs.	1	2	-8	-2
d.	Younger African Americans have a greater danger of heart attacks than younger Whites.	1	2	-8	-2
e.	Younger Hispanic-Americans have a greater danger of heart attacks than younger Whites.	1	2	-8	-2

SECTION K: PRE-HOSPITAL AWARENESS OF EDUCATIONAL CAMPAIGN

K1. Before you went to the Emergency Room on [DATE], were you aware of any programs in your community that encourage people to get immediate medical care if they think they might be having a heart attack?

1. NO → GO TO K1d.
2. YES → GO TO K1a.

K1a. Where do you recall hearing about that program?
 [CIRCLE "1" OR "2" FOR EACH RESPONSE.]
 [PROBE: Anywhere else?]

SOURCE		NO	YES
1.	BILLBOARDS	1	2
2.	BOOK	1	2
3.	CHURCH	1	2
4.	CIVIC ORGANIZATION	1	2
5.	DOCTOR	1	2
6.	FAMILY MEMBER	1	2
7.	FRIEND, CO-WORKER	1	2
8.	HOSPITAL	1	2
9.	MAILING	1	2
10.	MAGAZINE	1	2
11.	MALL EVENT	1	2
12.	NEWSPAPER	1	2
13.	OTHER HEALTH PROFESSIONAL	1	2
14.	OTHER HEALTHCARE ORGANIZATION	1	2
15.	PAMPHLET	1	2
16.	PHARMACY POSTER/FLIER	1	2
17.	POSTER	1	2
18.	RADIO	1	2
19.	SCHOOL, CLASS, LECTURE	1	2
20.	SELF-HELP CLINIC OR GROUP	1	2
21.	SIGNS	1	2
22.	SOCIAL, RECREATION GROUP	1	2
23.	TELEVISION	1	2
24.	OTHER (SPECIFY): _____	1	2

K1b. Can you recall the name of the program?
[PROBE FOR NAME, SLOGAN.]

1. Heart Attack REACT



K1c. Did you feel this program had any effect on your decision to go to the hospital? 1. NO 2. YES ➔ **GO TO SECTION L.**

2. ANY OTHER NAME

Specify: _____



K1c. Did you feel this program had any effect on your decision to go to the hospital? 1. NO 2. YES ➔ **GO TO K1d.**

-8. CAN'T RECALL/DON'T KNOW

K1d. Here are the names of three programs. Do you recognize any of these?

		NO	YES
1.	COMMIT	1	2
2.	Heart Attack REACT	1	2
3.	Heart Alert	1	2

SECTION L: PERSONAL HEALTH STATUS/HISTORY

L1. In general, would you say your health is:

1	2	3	4	5	-8	-2
Excellent	Very Good	Good	Fair	Poor	DON'T KNOW	REFUSED

L2. Have you ever had a heart attack?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

L3. Have you ever had chest pains, pressure, tightness, or discomfort before your recent Emergency Room visit?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

L4. Have your parents, brother or sister ever had a heart attack?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

L5. Have you ever been told by a doctor that you have a heart condition?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

L6. Have you ever been told by a doctor that you have diabetes?

1. NO	-8. DON'T KNOW
2. YES	-2. REFUSED

L7. Have you ever been told by a doctor that you have high blood pressure?

- | | |
|--------|----------------|
| 1. NO | -8. DON'T KNOW |
| 2. YES | -2. REFUSED |

L8. Have you ever been told by a doctor that you have high blood cholesterol?

- | | |
|--------|----------------|
| 1. NO | -8. DON'T KNOW |
| 2. YES | -2. REFUSED |

L9. Have you ever smoked a cigarette?

- | | |
|--------------------------|-----------------------------------|
| 1. NO → GO TO SECTION M. | -8. DON'T KNOW → GO TO SECTION M. |
| 2. YES
↓ | -2. REFUSED → GO TO SECTION M. |

L9a. Did you smoke a cigarette in the week before you went to the Emergency Room?

- | | |
|--------|----------------|
| 1. NO | -8. DON'T KNOW |
| 2. YES | -2. REFUSED |

SECTION M: DEMOGRAPHICS

Finally, I have some general background questions about yourself.

M1. Do you consider yourself to be Hispanic or Latino?
[PROBE: Of Spanish origin or descent?]

- NO.....1
- YES.....2

M2. Please tell me which group best describes your racial background:

- White.....1
- Black/African American2
- Native American3
- Asian/Pacific Islander4
- OTHER5
- (SPECIFY): _____

M3. What is your present marital status?
[PROBE: READ CATEGORIES 1-5.]

- 1. MARRIED → **GO TO M5.**
- 2. LIVING WITH SIGNIFICANT OTHER/
SOMEONE OTHER THAN A ROOMMATE → **GO TO M5.**
- 3. SINGLE
- 4. DIVORCED/SEPARATED
- 5. WIDOWED
- 8. DON'T KNOW
- 2. REFUSED

M4. Do you live alone?

- 1. NO
- 2. YES
- 8. DON'T KNOW
- 2. REFUSED

M5. Are you currently working for pay?

- 1. NO -8. DON'T KNOW
- 2. YES → **GO TO M6.** -2. REFUSED

M5a. Which one of the following best describes you?

- 1. Homemaker
- 2. Retired
- 3. Disabled
- 4. Student
- 5. Not currently employed

M6. What is the highest grade or year of school that you have completed?

ENTER HIGHEST GRADE COMPLETED OR NUMBER OF YEARS OF SCHOOL

COMPLETED IF LESS THAN HIGH SCHOOL

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COMPLETED HIGH SCHOOL	12
SOME COLLEGE	13
COMPLETED COLLEGE	14
SOME GRADUATE SCHOOL	15
COMPLETED GRADUATE SCHOOL	16
SOME TECHNICAL SCHOOL	17
COMPLETED TECHNICAL SCHOOL	18
SOME PROFESSIONAL SCHOOL	19
COMPLETED PROFESSIONAL SCHOOL	20
OTHER (SPECIFY): _____	21

M7. Which of the following kinds of health insurance do you have now?

		NO	YES	DK	REFUSED
a.	Medicare (the federal health insurance for people 65 or older or who are disabled)?	1	2	-8	-2
b.	Medicare supplement (additional insurance to Medicare that you buy yourself, such as Medex, Medigap, or AARP)?	1	2	-8	-2
c.	Medicaid (the state program for persons with incomes below a certain level)?	1	2	-8	-2
d.	Commercial or Private Insurance (such as Blue Cross, Aetna, Prudential, or Hancock)?	1	2	-8	-2
e.	An HMO (a Health Maintenance Organization) or an IPA (an Individual Practice Association)?	1	2	-8	-2
f.	VA benefits, CHAMPUS?	1	2	-8	-2
g.	Student Health Plan?	1	2	-8	-2
h.	Other state medical assistance or free care programs?	1	2	-8	-2
i.	Or something else. What is it? (SPECIFY): _____	1	2	-8	-2

NOTE: SKIP M8 IF NO TO *ALL* (a-i) ABOVE.

M8. Does your insurance plan pay for any part of the following:

		NO	YES	DK	REFUSED
a.	Ambulance Service	1	2	-8	-2
b.	Visits to the Emergency Department	1	2	-8	-2

M9. Do you have a regular doctor or group of doctors?

1. NO → **GO TO M10.**

-8. DON'T KNOW → **GO TO M10.**

2. YES

-2. REFUSED → **GO TO M10.**



M9a. Did you visit a doctor in the past year?

1. NO

-8. DON'T KNOW

2. YES

-2. REFUSED

M10. Had you ever seen a cardiologist (a heart doctor) before going to the Emergency Room?

1. NO → **GO TO SECTION N.**

-8. DON'T KNOW → **GO TO SECTION N.**

2. YES

-2. REFUSED → **GO TO SECTION N.**



M10a. Did you see the cardiologist (a heart doctor) in the 6 months before your visit to the Emergency Room?

1. NO

-8. DON'T KNOW

2. YES

-2. REFUSED

SECTION N: END OF SURVEY

That's all I need to ask you at this time. Thank you for your participation.

N1.

END TIME:

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:

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1. AM

2. PM

SECTION O: INTERVIEWER COMMENTS

O1. Please rate how comfortable the Respondent was during the interview.

Not at all
comfortable

Very
comfortable

1

2

3

4

5

O2. Please rate how cooperative the Respondent was during the interview.

Not at all
cooperative

Very
cooperative

1

2

3

4

5

O 3. In general, how difficult was it for the Respondent to answer the interview questions?

Not at all
difficult

Very
difficult

1

2

3

4

5

O4. Did the Respondent have difficulty answering any of the questions?

1. NO

2. YES → Which ones? _____

O5. Do you feel that the Respondent gave inaccurate or misleading information on any of the questions?

1. NO

2. YES → Which ones? _____

O6. Were there any unusual circumstances at the time of the interview (e.g., R had difficulty hearing, concentrating or there were frequent interruptions, etc.)

1. NO

2. YES → Describe: _____

O7. Did the Respondent have a language or literacy problem?

1. NO

2. YES → Which questions were affected?

