

SUPPLEMENTAL MATERIAL**QUESTIONNAIRE: ENGLISH**

Date...../...../.....

**HEALTHCARE SERVICE UTILIZATION AMONG ADULTS WITH
CORONARY ARTERY DISEASE IN RURAL ALUVA, SOUTH INDIA:
A COMMUNITY BASED CROSS-SECTIONAL STUDY**

1. Respondent Code:
2. Panchayat:
3. Ward number:
4. Phone number:

Section 1: Socio-demographic profile

5. Age:

6. Sex: a. Male b. Female

7. Education:

- | | | |
|-----------------------|-----------------------------|-----------------|
| a. Illiterate | b. Primary (1-4) | c. Middle (5-7) |
| d. High School (8-10) | e. Higher Secondary (11-12) | f. Graduation |
| g. Postgraduation | | |

8. Occupation:

- | | | | |
|-----------------|--------------|---------------------|--------------|
| a. Professional | b. Homemaker | c. Skilled | d. Unskilled |
| e. Unemployed | f. Retired | g. Others(specify): | |

9. Marital status:

- a. Unmarried b. Married c. Legally Divorced
d. Living in separation e. Widow

10. Type of family:

- a. Nuclear family b. Joint Family c. 3 Generation family

11. Total number of members in the family:

12. Religion: a. Hindu b. Christian c. Muslim d. Others

13. Socioeconomic status according to Ration card:

- a. White b. Blue c. Pink d. Yellow e. No Ration Card

Section 2: Medical History14. CVD Diagnosis: a. STEMI b. NSTEMI c. Document not available
d. Others (specify):

15. Duration of Post MI Treatment:

16. Procedure done for Primary MI: a. Primary PTCA b. Elective PTCA
c. Medical Management d. Alternate systems

of medicine

17. CABG done: a. Yes b. No

18. If Yes, date of CABG:

19. Number of times MI occurred following Index event:

20. Family History of MI: a. Yes b. No

21. Other Co-morbidities:

Sl No	Co-morbidities	After Primary MI		
		Present before Primary MI? (Y/N)	Duration	Frequency of Follow Up (in months)
21.1	Systemic Hypertension			
21.2	Diabetes Mellitus			
21.3	Dyslipidemia			
21.4	COPD/Asthma			
21.5	Cancer (any)			
21.6	CLD			
21.7	CKD			
21.8	Others:			

22. Advise given by Doctor post-Index MI:

Sl No		Option 1	Have you been following it? (Yes/No/Partly/NA)
22.1	Tobacco use	Complete cessation	
22.2	Physical Activity	At least 30min brisk walking, minimum 5 days a week	
22.3	Diet	Avoid fried food and eat more fruits and vegetables	
22.4	Obesity	Weight reduction	
22.5	Follow up	Regular follow ups at least every 3 months	

22.6	Glycaemic Control	Target HbA1c <7 to be achieved/GRBS to be checked regularly	
22.7	Blood Pressure Control	Target Blood Pressure < 140/90mm Hg	
22.8	Lipid Control	To keep LDL value <100mg/dl and Total Cholesterol 125-200 mg/dl	
22.9	Others (specify):		

Section 3: Habits

23. Do you currently use tobacco in any form? a. Yes b. No

24. If yes, which one?

a. Cigarette b. Beedi c. Smokeless tobacco d. Others (specify):

25. If yes: i) Since when? (in years):

ii) How many cigarettes/beedi per day:

26. If no, have you ever used tobacco? a. Yes b. No

27. If yes: i) Age at which smoking started:

ii) Age when you stopped smoking:

iii) Post-MI, did you stop smoking? a. Yes b. No

28. Do you currently consume alcohol? a. Yes b. No

29. If yes: Type of Alcohol:

a. Rum b. Brandy c. Whiskey d. Vodka e. Others (specify):

30. How many pegs per week:

Section 4: Utilisation of healthcare services for follow up care

31. How many times did you go for follow up with your doctor in the past 1 year?

a. 0 b. 1 c. 2 d. 3 e. 4 f. 5 g. More than 5

32. Which doctor do you visit for follow up care?

a. General Physician b. Consultant who first treated you

c. Others (specify):

33. Are you going for follow up in the same Health Care facility where you received your primary treatment? a. Yes b. No

34. If yes, specify: a. Medical College b. Private Hospital

c. Taluk/District/General Hospital d. Others (specify):

36. Which system of medicine do you prefer for your follow up?

a. Modern Medicine b. Ayurveda c. Homeopathy

d. Others (specify):

37. Choice of Health Care Facility for follow up care:

a. Public b. Private c. Both Private & Public

d. Self-Medication e. Others (specify):

38. If Public Health Care Facility:

a. PHC b. Taluk/District/General Hospital c. Medical College

39. If Private Health Care Facility:

a. Family Doctor b. Private Clinic c. Private Hospital

40. Reason for choice of Health Care Facility:

- a. Near to house
- b. Primary Treatment was taken from there
- c. Others (specify):

41. Are you satisfied with the Health Care being provided? a. Yes b. No

42. Monthly expenditure for CVD medications (Rs):

43. Do you have Health Insurance/Social Security scheme? a. Yes b. No

44. Distance to Health Care Facility (km) for CVD follow up:

INFORMED CONSENT: ENGLISH

I am Dr Neeraj V Mohandas, MD Resident in Community Medicine at Amrita Institute of Medical Sciences, Kochi. Under the guidance of Dr Aswathy S, Professor and Head, Department of Community Medicine, Amrita Institute of Medical Sciences, Kochi, I am doing a quantitative study titled “Healthcare service utilization among adults with coronary artery disease in rural Aluva, South India: A community-based cross-sectional study”. You are invited to participate in this study. Your participation in the study is voluntary.

I would like to go through your medical records and the medical management you have received along with measuring your Blood Pressure, Height and Weight. Your decision to participate or not will not affect the standard of care. Your request to withdraw from the study at any time and refusal to participate will not involve any penalty or loss.

Your active participation will be required but you do not have to undergo any additional procedure or receive any additional drug for the purpose of the study. There is no risk in participation in the study. There will be no direct benefit to the participants of the study. However, the results of the analysis of the study will help bring up new findings which may be helpful in the treatment of patients with this diagnosis in the future.

The information collected will be kept confidential. Your identity will not be revealed in the reports and publications. If you have any questions on the study, you may contact the investigator.

Name and contact details of the investigator: Dr Neeraj V Mohandas, Email ID: drneerajvmohandas@gmail.com

I (name of the participant)
hereby affirm and state as follows.

I have read the written information about the study and confirm that I have had the opportunity to ask questions about this study and I am satisfied with the answers and explanations that have been provided. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason.

I hereby grant access my data to the investigator described in the information sheet. I confirm that the investigator has informed me that my clinical data and diagnostic reports will be used for presentation/scientific publication and research analysis and that such use is for advancement of medical knowledge. I also understand that my identity will not be revealed in such presentations. I have not given up any of my rights by signing this form.

Signature of patient:

Name of patient:

Address:

I have explained and made Mr/Mrsunderstand the above mentioned details of the study.

Signature of witness:

Name of witness:

Address:

Date: