International Project on Cardiovascular Disease in Russia

Acute myocardial infarction in Russian Federation: current practice and barriers to effective treatment on different levels of healthcare

Baseline hospital survey
## ACS study
### Baseline hospital survey

<table>
<thead>
<tr>
<th>Information about the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Date of the interview</strong></td>
</tr>
<tr>
<td>Day _____ Month______________ Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Start time of the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Place of the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the medical facility</td>
</tr>
<tr>
<td>1. In ward</td>
</tr>
<tr>
<td>2. In the office</td>
</tr>
<tr>
<td>3. Other</td>
</tr>
<tr>
<td>..........................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Who takes the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
</tr>
<tr>
<td>First name</td>
</tr>
<tr>
<td>Patronymic name</td>
</tr>
</tbody>
</table>

| 5. |
| Are you... |
| *Please select all that apply* |
| 1. Research fellow/researcher |
| 2. Physician |
| 3. Cardiologist |
| 4. Other |
| Specify............................................. |

<table>
<thead>
<tr>
<th>6. Interviewer ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region code Clinic number Number</td>
</tr>
<tr>
<td>A1. Participant name</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Last name</td>
</tr>
<tr>
<td>First name</td>
</tr>
<tr>
<td>Patronymic</td>
</tr>
</tbody>
</table>

**A2. Address**

<table>
<thead>
<tr>
<th>City/town</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>House</td>
<td>Kor Apt</td>
</tr>
</tbody>
</table>

**A3. Telephone number**

<table>
<thead>
<tr>
<th>Home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile</td>
<td></td>
</tr>
</tbody>
</table>

Tel number of a relative/friend

Name of the relative/Friend

Tel number of a relative/friend

Name of the relative/Friend

**A4. Date of birth**

Day _____ Month___________ Year

**A5. Sex**

1. Male
2. Female

**A6. The date of the index event (MI)**

Day _____ Month___________ Year
| A7. Place of hospitalization | Name of the medical facility  
|                            | ...........................................................  

| A8. Number/name of the policlinic where registered | ...........................................................  

1. Not registered  
2. Does not know  
3. Other...........................................................  

| A9. Participant ID | Region code _____ Clinic number _____________ Number |
Module B. Symptoms

B1. What symptoms were you having before you came to the hospital?

Choose all that apply
1. Chest pain, pressure, tightness or discomfort
2. Dizziness
3. Indigestion or stomach pain, pressure, burning or discomfort
4. Nausea
5. Pain or discomfort in jaw, neck, arm sore between your shoulder blades
6. Palpitations
7. Shortness of breath
8. Sweating
9. Weakness or fatigue
10. Confusion
11. Other symptoms
11a. Specify other symptoms_________________________________________
97. difficult to answer
98. refuse to answer

B2. Why did you decide to get help for these symptoms? [Check all that apply]
1. Symptoms would not go away
2. Pain too bad to ignore
3. Worried about heart problem
4. Worried about other health problems (i.e. diabetes)
5. Family / friend told me to get help
6. Other
6a. Specify other________________________
97. difficult to answer
98. refuse to answer

B3. When you were first having these symptoms, did you think that something was wrong with your heart?
1. Yes Go to B5
2. No
97. difficult to answer
98. refuse to answer

B4. What did you think was causing these symptoms?
1. Indigestion or acid reflux
2. Stomach illness

Baseline survey final, 10/06/15, NB
Flue
Muscle pain
Fatigue
Stress/anxiety
Asthma
Diabetes
Other
Other specify___________________________________________________
difficult to answer
refuse to answer

**B5. What time these symptoms started?**

<table>
<thead>
<tr>
<th>Time</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respondent reported exact time</td>
</tr>
<tr>
<td>2</td>
<td>Respondent reported approximate time</td>
</tr>
<tr>
<td>97</td>
<td>difficult to answer</td>
</tr>
<tr>
<td>98</td>
<td>refuse to answer</td>
</tr>
</tbody>
</table>

**B5A Where symptoms appeared?**

| 1 | At home |
| 2 | At workplace |
| 3 | On the street |
| 4 | Other |
| 4a | Specify___________________________________________________ |
| 97 | difficult to answer |
| 98 | refuse to answer |

**B5B Please specify the exact adress where you was when symptoms appeared**

_______________________________________________________________________

difficult to answer
refuse to answer

**B6. When did you or someone for you call for help?**

Time..............Day.................................

Baseline survey final, 10/06/15, NB
If you did not call for help immediately (within 15 minutes) what were the reason(s) that you decided to wait before seeking medical care? [Check all that apply]

B7. Didn’t have time to go to the doctor
1
2
3
4
5
6
6a

B8. When did you leave to the hospital?

Time…...Day……………………

B8A Please specify the exact address from which you were transferred to the clinic

B9. Did you visit a doctor for any of these symptoms before this hospitalization?

1
2
3

Baseline survey final, 10/06/15, NB
B10. How many times have you seen your doctor for these symptoms in the past 12 months?

Number of times…………………………………….
97 difficult to answer
98 refuse to answer

B11. Did you see your doctor in the week before going to the hospital for any of these symptoms?
1 Yes
2 No
97 difficult to answer
98 refuse to answer

B12. Did your doctor ever tell you that your symptoms might be related to a heart problem?
1 Yes
2 No
97 difficult to answer
98 refuse to answer

B13. Where did you first go for help?

Choose all that apply
1 Called ambulance 03 or 112 on mobile phone
2 Went to the hospital by yourself or with help from relatives
3 Went to polyclinic
4 Went to the cardiologist
5 Other
5a Specify____________________________________
97 difficult to answer
98 refuse to answer

B14. Did you take aspirin before seeking medical attention (in this case)?

1 Yes
2 No, I did not have aspirin
3 No, I did not know I have to take aspirin
97 difficult to answer
98 refuse to answer
B15. Prior to your recent hospital stay, did you consider yourself at risk for heart disease or a heart problem?
1 Yes
2 No
97 difficult to answer
98 refuse to answer

B16. Prior to your recent hospital stay, did any of your healthcare providers ever tell you that you were at risk for heart disease or a heart problem?
1 Yes
2 No
97 difficult to answer
98 refuse to answer
Module C. Medical history. Now I will ask you about several health conditions you might have.

C1. Have you ever been told by a doctor (been diagnosed) that you have:

<table>
<thead>
<tr>
<th>No.</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>97 DA</th>
<th>98 RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Miocardial Infarction/Heart attack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Heart failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Atrial fibrillation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Peripheral artery disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Angina</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>TIA (transient Ischaemic attack)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Kidney disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Chronic bronchitis/COPD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C2. Have you ever been told by a doctor or other medical professional (been diagnosed) that you have high blood pressure?

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>97 DA</th>
<th>98 RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>Go to C4</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>difficult to answer</td>
<td>Go to C4</td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>refuse to answer</td>
<td>Go to C4</td>
<td></td>
</tr>
</tbody>
</table>

C3. Have you taken medicine for high blood pressure in the past 12 months?

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>97 DA</th>
<th>98 RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, always</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes, sometimes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>difficult to answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>refuse to answer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C4. Have you ever been told by a doctor or other medical professional (been diagnosed) that you have high cholesterol?

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>97 DA</th>
<th>98 RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>Go to C6</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>difficult to answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>refuse to answer</td>
<td>Go to C6</td>
<td></td>
</tr>
</tbody>
</table>

C5. Have you taken medicine for high cholesterol in the past 12 months?

<table>
<thead>
<tr>
<th>No.</th>
<th>Response</th>
<th>97 DA</th>
<th>98 RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>difficult to answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98</td>
<td>refuse to answer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(For those who reply “Yes” in C1, option 8)

C6. Have you taken medicine for diabetes in the past 12 months?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>difficult to answer</td>
</tr>
<tr>
<td>98</td>
<td>refuse to answer</td>
</tr>
</tbody>
</table>
Module D. Use of health care services.

This module contains questions about use of medical services and use of medications

D1. Where do you usually go for your health care?

1. Did not need any health care
2. No particular place
3. District polyclinic
3a. Specify number/name……………………………………
4. Polyclinic at work
4a. Specify number/name……………………………………
5. GP
6. Private clinic
7. Other
7a. Specify …………………………………
97. difficult to answer
98. refuse to answer

D2. How many times you used the following sources of health care in the last 12 months? (Please check number of times for each type of doctor)

<table>
<thead>
<tr>
<th>Type of doctor</th>
<th>Number of times visited in last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. District physician</td>
<td>0</td>
</tr>
<tr>
<td>2. Polyclinic cardiologist</td>
<td>0</td>
</tr>
<tr>
<td>3. Other polyclinic specialist</td>
<td>0</td>
</tr>
<tr>
<td>4. Hospital cardiologist</td>
<td>0</td>
</tr>
<tr>
<td>5. Other hospital doctor</td>
<td>0</td>
</tr>
<tr>
<td>6. Other…………………………</td>
<td>0</td>
</tr>
</tbody>
</table>

D3. In the last 12 months, how many times have you been hospitalised excluding this hospitalization (stayed in the hospital overnight)?

Number of times...............................Number of days___________________

D4. How many times have you called or someone called for you an ambulance in the last 12 months?

Number of times......................
D5. In the last 12 months, when you have visited a doctor (or any other medical professional), have you been advised to modify your lifestyle in any of the following ways to improve your health?

<table>
<thead>
<tr>
<th>Lifestyle Change</th>
<th>Advice Given?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>Yes 97/98</td>
</tr>
<tr>
<td>Diet</td>
<td>No 97/98</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Yes 97/98</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>No 97/98</td>
</tr>
<tr>
<td>Weight</td>
<td>Yes 97/98</td>
</tr>
<tr>
<td>Weight</td>
<td>No 97/98</td>
</tr>
<tr>
<td>Smoking</td>
<td>Yes 97/98</td>
</tr>
<tr>
<td>Smoking</td>
<td>No 97/98</td>
</tr>
<tr>
<td>Alcohol Intake</td>
<td>Yes 97/98</td>
</tr>
<tr>
<td>Alcohol Intake</td>
<td>No 97/98</td>
</tr>
</tbody>
</table>

D5f Did not visit doctors

Yes

D6. Are you aware of the current polyclinic-based dispansarisation program in Russia?

1. Yes
2. No Go to D10
97 Difficult to answer Go to D10
98 Refuse to answer Go to D10

D7. Have you received an invitation to participate in dispansarisation?

1. Yes
2. No Go to D10
97 Difficult to answer Go to D10
98 Refuse to answer Go to D10

D8. Did you (or do you intend to) accept this invitation and attend dispansarisation?

1. Yes Go to D10
2. No
97 Difficult to answer Go to D10
98 Refuse to answer Go to D10

D9. If not, why not? Check all that apply

1. I don’t believe attending dispansarisation will have any positive effect on my health.
2. I feel well so I don’t need to get checked.
3. It is too far to travel to dispansarisation clinics.
4. The wait times at dispansarisation clinics are too long.
5. Dispansarisation clinics are not open at times that are convenient.
6. I do not know where I could attend dispansarisation
7. Other
7a Specify
97 Difficult to answer
98 Refuse to answer
D10. Do you have any additional medical insurance with some other policlinic, medical centre, or/and insurance company?

1. Yes
2. No
97 Difficult to answer
98 Refuse to answer
D11. What are the doses and frequency of used medications in the last 12 months prior to the index event? Please include any inhalers. Please start with the medications from the heart disease, high blood pressure or cholesterol and/or diabetes, which you are/were taking regularly.

*Interviewer*! Please, register up to 7 used medications. Dose of medication refers to strength of medication e.g. mg per tablet. If the respondent has difficulty to remember the name, dose or frequency, etc. please, write in option “97”.

<table>
<thead>
<tr>
<th>Name of the medication</th>
<th>Dose (e.g. mg)</th>
<th>Number of units of medication used during one take</th>
<th>Frequency of use of medication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D11d</strong></td>
<td></td>
<td>☐ ☐ ☐ tablets / capsules</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ ☐ ml - injections</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ ☐ drops</td>
<td></td>
</tr>
</tbody>
</table>

**Codes for frequency of use of medications:**

- **01** daily 3 times a day
- **02** daily 2 times a day
- **03** daily once a day
- **04** 3 times a week
- **05** 2 times a week
- **06** once a week
- **07** fewer than once a week
- **97** don’t know / difficult to answer

Baseline survey final, 10/06/15, NB
Module E. Smoking
I will now ask you some questions concerning your smoking habits

E1. Are you a current smoker?

Please circle the single most appropriate answer.
1 never a smoker ➔ go to F1
2 no, ex-smoker ➔ go to E2
3 yes, a current-smoker go to E3

97 Difficult to answer
98 refuse to answer Go to F1

E2. How many years ago did you stop smoking regularly?

Please circle the single most appropriate answer.
1 up to 1 year ago
2 more than 1, up to 5 years ago
3 more than 5, up to 10 years ago
4 more than 10 years ago
97 difficult to answer
98 refuse to answer Go to F1

E3. How old were you when you started smoking regularly?

(open question)

97 difficult to answer
98 refuse to answer

E4. When you smoke/smoked, how many per day is/was usual?

Please circle the single most appropriate answer.
1 up to 10
2 more than 10, up to 20
3 more than 20
97 difficult to answer
98 refuse to answer
Module F. Alcohol

Now I am going to ask you some questions about your use of alcoholic beverages in the past year

F1. Have you consumed any alcoholic beverage in the past 12 months?

1   Yes
2   Do not drink at all Go to G1

97   difficult to answer
98   refuse to answer

F2. Have you been drinking any alcohol drinks during the last 24 hours before this hospitalization?

1   Yes
2   No

97   difficult to answer
98   refuse to answer

F3. In the last 12 months, have you had any of the following experiences? Yes No

Have you ever felt you should cut down on your drinking? 1 2

Have people ever annoyed you by criticising your drinking? 1 2

Have you ever felt bad or guilty about your drinking? 1 2

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? 1 2
G. Socio-demographics. In this last part of the survey I will ask you several questions about yourself.

G1. What town, village or city do you live in?

..............................................

G2. How long have you lived in this place?

1  Less than 12 months
2  More than 12 months-up to 5 years
3  More than 5 years
97  difficult to answer
98  refuse to answer

G3. What is your current marital status?

1  Married
2  Divorced or separated
3  Widower
4  Single  (never being married)
97  difficult to answer
98  refuse to answer

G4. Do you live... Check all that apply

1  Alone
2  with a spouse/partner
3  with children
4  with parents or parents-in-law
5  with siblings
6  other
6a  Specify _______________________
97  difficult to answer
98  refuse to answer
G5. **What is your level of education?**

*Please choose the single most appropriate answer.*

1. incomplete secondary
2. complete secondary
3. professional school (without secondary degree, PTU)
4. professional school and secondary (e.g. PTU and secondary education)
5. specialised secondary (e.g. technicum, college, medical, pedagogical college)
6. incomplete higher
7. Higher
87. difficult to answer
88. refuse to answer

G6. **Are you….**

1. Full-time employed
2. Part-time employed
3. Retired (excluding due to invalidity)
4. Retired because of invalidity
5. Unemployed
6. Other
6a. Specify………………………………………………
7. difficult to answer
8. refuse to answer

G7. **Do you have currently officially registered disability?**

1. Yes
2. No [Go to G9]
7. difficult to answer
8. refuse to answer

G8. **What is the class of the disability at the moment?**

1. Class 1
2. Class 2
3. Class 3
7. difficult to answer
8. refuse to answer
G9. Which of the phrases below best describes this household’s financial situation during the past year?

*Please choose the single most appropriate answer.*

1. There is not even enough money for food, it’s difficult to make ends meet
2. We have enough money for food, but we find it difficult to afford clothes and other items
3. We have enough money for food and clothes, but would find it difficult to buy large domestic appliances
4. We can afford to buy large domestic appliances, but would find it difficult to buy a new car
5. We can afford to buy a large new car, but would find it difficult to buy a flat or a house (or other property)
6. We have no financial constraints. We can afford to buy a flat or a house (or other property).

97 difficult to answer
98 refuse to answer

G10. How satisfied are you with your economic conditions at the present time?

1. Fully satisfied
2. Rather satisfied
3. Both yes and no
4. Less than satisfied
5. Not at all satisfied

97 Difficult to answer
98 Refuse to answer

Thank you for answering my questions!
Section X: The final questions are about the circumstances of the interview

The following questions are answered only by you as an interviewer and are not to be read out:

X1  Time when the interview was completed

..............................................................

X2.  Were there any interruptions to the interview?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>go to X4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>no</td>
<td></td>
</tr>
</tbody>
</table>

X3.  Please provide details of interruptions, including their duration:

|                                                                                             |
|                                                                                             |
|                                                                                             |
|                                                                                             |

X4.  Any other comments

|                                                                                             |
|                                                                                             |
|                                                                                             |
|                                                                                             |
|                                                                                             |
|                                                                                             |