**SUPPLEMENTARY MATERIAL – APPENDIX A**

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| **PATIENT SCREENER**  **(30 MIN CAWI)**  **100-150 ANGINA PATIENTS (75-100 Spain)** |
| **S1. Gender**   * Male 1 * Female 2 * Intersex 3   **S2. How old are you?**  **\_\_\_\_ years [AGE QUOTAS TO BE CHECKED]**  **S3. Have you been diagnosed by your physician / a specialist for any of the following conditions?** **TICK ALL THAT APPLY**  1 - Acute myocardial infarction (that is HEART ATTACK) **🡪 CONTINUE**  2 - Arthritis  3 - Osteoporosis  5 - Asthma  7 - Chronic obstructive pulmonary disease (COPD)  8 - Chronic bronchitis  10 - Diabetes  11 - Hypercholesterolemia / Dyslipidemia (that is HIGH CHOLESTEROL OR HIGH TRIGLYCERIDES)  12 - Kidney disease  13 - Hypertension (that is HIGH BLOOD PRESSURE)  14 - Angina (that is CHEST PAIN /CHEST TIGHTNESS / CHEST HEAVINESS / CHEST DISCOMFORT DUE TO CORONARY HEART DISEASE) **🡪 CONTINUE**  15 - Heart failure  16 - Coronary or Heart disease / ischaemia (that is buildup of PLAQUE IN THE HEART’S ARTERIES) **🡪 CONTINUE**  18 - Depression  19 - Anxiety 🡪 **ASK ONLY IF CODES 1 OR 14 OR 16 ARE SELECTED, OTHERWISE CLOSE** 🡪**LEVEL OF SEVERITY OF ANXIETY *(MILD / MODERATE / SEVERE / VERY SEVERE / DON’T KNOW)***  20 - Gastrointestinal disorders  21 - Cancer  **22- Bipolar disorder 🡪 SCREEN OUT REGARDLESS OF OTHER RESPONSES**  26 - Other mental health issues  28 - NONE OF THE ABOVE **(STAND ALONE OPTION)**  **🡪 SCREEN OUT**  **CONTINUE IF CODES 1, OR 14 OR 16 AT S3, OTHERWISE THANK AND CLOSE**  **S4. Do you currently suffer, or have you suffered in the past year from any of the following symptoms while carrying out activities such as climbing stairs, walking, dressing, showering or running or the like?Please consider only in relation to performing certain activities. TICK ALL THAT APPLY** [NOT USED FOR SCREENING IF CODE 14 S.3]   1. \_Arm pain NO YES 2. \_Irregular heartbeat (Arrhythmia) / Fast heartbeat (Tachycardia) NO YES 3. \_Shortness of breath NO YES 4. **\_ Chest pain (Heart Pain in DE) NO YES** 5. **\_Chest tightness/heaviness NO YES** 6. \_Cough NO YES 7. \_Dizziness NO YES 8. \_Fatigue NO YES 9. \_Headache NO YES 10. \_Itchiness NO YES 11. \_ Jaw / Neck pain NO YES 12. \_Joint Pain NO YES 13. \_Nausea / Vomiting NO YES 14. \_Nose bleeds NO YES 15. \_Ringing ears NO YES 16. \_Stress / Anxiety / Depression NO YES 17. \_Strong sweat NO YES   **IF CODES 1 OR 16 AT S3, AND SA SYMPTOMS (CODES 4 OR 5) CONTINUE, IF CODE 14 AT S3 CONTINUE ALWAYS, OTHERWISE THANK AND CLOSE**  **We will now ask you specifically about your condition of angina or symptoms of chest pain / chest tightness or chest discomfort when performing certain activities.**  **S5. When were you diagnosed with angina or your condition with symptoms of chest pain / chest tightness / chest heaviness?** [ONE RESPONSE ONLY]   1. Less than 1 year ago 2. 1-2 years ago 3. 3-5 years ago 4. 6-10 years ago 5. More than 10 years ago   **S6. Which physician diagnosed you with angina or your condition with symptoms of chest pain / chest tightness / chest heaviness?** [ONE RESPONSE ONLY]   1. Primary care physician 2. Cardiologist 3. Internist 4. Emergency room physician 5. Other (please specify)   **S7 How severe would you say your angina or your condition with symptoms of chest pain / chest tightness / chest heaviness is?** [ONE RESPONSE ONLY]  MILD / MODERATE / SEVERE / VERY SEVERE / DON’T KNOW  **S8. What drug treatment(s) are you currently taking for your angina or your condition with symptoms of chest pain / chest tightness / chest heaviness? Please specify all the drugs that make up the treatment for this condition.**  **ALLOW RESPONDENTS TO SPECIFY UP TO TEN DRUGS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **DRUG TREATMENT FOR ANGINA / CONDITION WITH SYMPTOMS OF CHEST PAIN / TIGHTNESS / HEAVINESS** | | | | | | | **S8** | **Drug 1** | **Drug 2** | **….** | **….** | **Drug 10** | | **LIST OF BRANDS – per COUNTRY - UPLOAD COMPLETE LIST OF BRANDS + MOLECULES IN CASE OF GENERICS. INCLUDE SOME NON- ANGINA TREATMENTS (E.G. PAINKILLERS, STATINS, ETC.) AS A TEST CHECK** |  |  |  |  |  |  |  | | --- | | **DRUG CLASSES FOR STABLE ANGINA** | | Beta blockers 🡪 COUNTRY SPECIFIC LIST | | Calcium antagonists 🡪 COUNTRY SPECIFIC LIST | | Long acting Nitroderivates 🡪 COUNTRY SPECIFIC LIST | | Short acting Nitroderivates 🡪 COUNTRY SPECIFIC LIST | | Trimetazidine 🡪 COUNTRY SPECIFIC LIST | | Ivabradine 🡪 COUNTRY SPECIFIC LIST | | Ranolazine 🡪 COUNTRY SPECIFIC LIST | | + other (please specify) |   RESPONDENT IS TO TYPE IN NAMES WHICH WILL APPEAR AUTOMATICALLY IF INCLUDED IN THE PRE-LOADED LIST. IF PRE-LOADED NAMES ARE NOT TYPED IN, ALLOW RESPONDENT TO FLAG “OTHER” AND WRITE IN THE DRUG NAME/S AS AN OPEN-ENDED ANSWER.  THEN POP-UP WARNING TO RESPONDENT WILL APPEAR AS FOLLOWS:  *Thank you for your cooperation. We are considering your eligibility for the survey and if eligible, you will receive another invitation to complete the survey in a couple of days.*  **S9. Which statement best describes your situation of angina or your condition with symptoms of chest pain / chest tightness / chest heaviness?** [ONE RESPONSE ONLY]   1. Normal physical activity such as walking or climbing stairs does not cause angina/ chest pain/chest tightness symptoms. Angina/chest pain/chest tightness symptoms typically occur during strenuous, rapid and prolonged exercise during work or leisure activities 2. Slight limitation of normal activities. Angina/ chest pain/chest tightness symptoms typically occur: I) walking or climbing stairs fast or walking on flat surfaces for more than 200 metres, or climbing more than 2 flights of stairs at a normal pace and in normal environmental conditions; II) walking or climbing stairs after meals, in cold or windy conditions; III) walking uphill, IV) during emotional stress 3. Marked limitation of usual physical activity. Angina/ chest pain/chest tightness symptoms occur within 100-200 metres of walking, or climbing one or two flights of stairs at a normal pace in normal environmental conditions 4. Inability to perform any physical activity without angina/ chest pain/chest tightness symptoms. Angina/chest pain/chest tightness may be present when at rest.   **CONDITIONS FOR SCREENING IN / OUT**   1. ANGINA + SA TREATMENT: CODE 14 AT S3 + AT LEAST ONE SA DRUG AT S8 – **RECRUIT** 2. INFARCT OR CORONARY DISEASE (CODES 1 OR 16 AT S3. AND ANGINA NOT SELECTED AT S3) + SYMPTOMS [ONLY CODES 4 OR 5 AT S4] + AT LEAST ONE SA DRUG AT S8 – **RECRUIT** 3. All others – **DO NOT RECRUIT**   **END OF SCREENER** |