

QUESTIONNAIRE

Time delays in Thrombolytic Therapy

SECTION A: DEMOGRAPHIC DATA

1. Hospital number: V1
2. Gender:
(1) Female
(2) Male V2
3. Age: V3
4. Nationality: V4
5. Occupation: V5
6. Date of arrival at AU: V6
7. Time of arrival at AU: V7
8. Accompanied by:
(1) Nobody
(2) Relative
(3) Friend
(4) Police
(5) Other (Specify): V8
9. How did the patient arrive at the hospital?
(1) Ambulance
(2) Private vehicle
(3) Police escort
(4) Other (Specify): V9
10. Time when help was summoned/ambulance called for: V10
11. Time of arrival of help/ambulance since summoned: V11

SECTION B: MEDICAL HISTORY

1. Past medical history (Specify): V12
2. Recent surgical history (Specify): V13
3. Smoking habits:
(1) Non-smoker
(2) Ex-smoker
(3) Smoker V14

4.	Alcohol consumption: (1) None (2) Social drinker (3) Daily consumption		<input type="checkbox"/>	V15				
SECTION C: CURRENT CONDITION								
1.	Onset of chest pain: Date:	<input type="text" value="d"/>	<input type="text" value="d"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="y"/>	<input type="text" value="y"/>	V16
2.	Time:	<input type="text" value="h"/>	<input type="text" value="h"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	V17		
3.	Pain location:							V18
	• Chest	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V18
	• Epigastric	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V19
	• Other	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V20
	Specify:							
4.	Duration (in minutes)	<input type="text" value="m"/>	<input type="text" value="m"/>	<input type="text" value="m"/>	V21			
5.	Severity of pain (Use pain-scale: 1 – 10)	<input type="text"/>	<input type="text"/>	V22				
6.	Pain radiated to:	<input type="text"/>	<input type="text"/>	V23				
7.	Pain was accompanied by:							V24
	• Sweating	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V24
	• Nausea	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V25
8.	Pain was relieved by:							V26
	• Resting	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V26
	• Medication	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V27
	Specify:							
9.	Any other measures taken?	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>					V28
	Specify:							
10.	Was this the first episode?	<input type="checkbox" value="(1) Yes"/>	<input type="checkbox" value="(2) No"/>	V29				
11.	If not, when did the pain last occur?							
	(1) Last night							
	(2) Yesterday							
	(3) Last week							
	(4) Last month							
	(5) Last year	<input type="checkbox"/>	V30					
12.	Where was the patient when the onset of symptoms first occurred?							
	(1) At home							
	(2) At work							
	(3) Other (Specify):	<input type="checkbox"/>	V31					

13. What sort of activity was the patient involved in when the pain occurred?
 (1) Resting
 (2) Working (Specify type):
 (3) Exercising
 (4) Last month
 (4) Other (Specify): V32

SECTION D: ASSESSMENT, DIAGNOSIS & DRUG ADMINISTRATION

1. Time triaged by nurse V33

2. Outcome of triage: V34

3. Area to which patient was transferred:
 (1) Female observation room
 (2) Male observation room
 (3) Cubicle
 (4) Resuscitation room V35

4.1 ECG obtained: V36

4.2 Time: V37

4.3 Initiated by
 • Nurse V38
 • Physician V39

4.4 Was ECG obtained in less than 10 minutes? V40

5.1 Time doctor attended the patient: V41

5.2 Time diagnosis was made: V42

5.3 Diagnosis of AMI (Specify type): V43

5.4 Diagnosis made by:
 (1) Emergency doctor
 (2) Physician
 (3) Cardiologist V44

5.5 Referred to:
 (1) Physician
 (2) Cardiologist V45

6.1 By who was the decision to thrombolyse made?
 (1) Emergency doctor
 (2) Physician
 (3) Cardiologist V46

6.2 At what time was the decision to thrombolyse made? V47

