Appendix 1. Survey

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| [Company Name]We are interested in how living with INOCA (Ischemia with No Obstructive Coronary Arteries) has impacted your medical care, health and life. Your responses will remain anonymous. Thank you for your time in responding to our questions.Question 1Do you have Ischemia with No Obstructive Coronary Arteries (INOCA)?[ ]  Yes[ ]  No (if No, no further questions)Question 2Would you say that your general health is:[ ]  Excellent[ ]  Very Good[ ]  Good[ ]  Fair[ ]  PoorQuestion 3Which of the following forms of INOCA were you diagnosed with? (Check all that apply)[ ]  Coronary Microvascular Dysfunction[ ]  Coronary Artery Spasm[ ]  Nonobstructive Atherosclerosis[ ]  Heart Failure with Preserved Ejection Fraction (HFpEF)[ ]  Takutsubo’s Syndrome (also known as Stress Cardiomyopathy/”Broken Heart” Syndrome)[ ]  I was not given a diagnosis aside from INOCA[ ]  I don’t knowQuestion 4How long did it take from the onset of your symptoms to getting a diagnosis of INOCA?[ ]  Less than 1 months [ ]  1-12 months [ ]  1-3 years[ ]  3-5 years[ ]  5-10 years[ ]  >10 yearsQuestion 5Prior to your diagnosis of INOCA were you ever told your symptoms were due to Reflux or GERD (gastroesophageal reflux disease)?[ ]  Yes [ ]  NoQuestion 6Prior to your diagnosis of INOCA did you undergo an endoscopy to assess for reflux/GERD based on your symptoms? [ ]  Yes [ ]  No Question 7Prior to your diagnosis of INOCA were you ever told your symptoms were not cardiac?[ ]  Yes[ ]  NoQuestion 8Prior to your diagnosis of INOCA were you seen in the Emergency Room/A&E for your symptoms of INOCA and discharged without any treatment?[ ]  Yes[ ]  NoQuestion 9Prior to your onset of symptoms of INOCA, which of the following could you **previously** do? (Check All That Apply)[ ]  Take Care of Yourself (ie. dress, eat, bathe, use toilet)[ ]  Walking Indoors[ ]  Walk 200 yards (182 meters) on level ground[ ]  Climb a flight of stairs or walk up a hill[ ]  Run a Short Distance[ ]  Do light work around the house (ie. dusting, washing dishes)[ ]  Do moderate work around the house (ie. vacuuming, sweeping floors, carrying groceries)[ ]  Do heavy work around the house (ie. scrubbing floors, lifting or moving heavy furniture)[ ]  Do yardwork (ie. raking leaves, weeding, pushing a lawn mower)[ ]  Have Sexual Relations[ ]  Participate in Moderate Recreational Activities (ie. golf, bowling, doubles tennis, throwing baseball, kicking football)[ ]  Participate in Strenuous Sports (ie. swimming, singles tennis, football, basketball, skiing)Question 10With your diagnosis of INOCA, which of the following can you **currently** do? (Check All That Apply)[ ]  Take Care of Yourself (ie. dress, eat, bathe, use toilet)[ ]  Walking Indoors[ ]  Climb a flight of stairs or walk up a hill[ ]  Run a Short Distance[ ]  Do light work around the house (ie. dusting, washing dishes)[ ]  Do moderate work around the house (ie. vacuuming, sweeping floors, carrying groceries)[ ]  Do heavy work around the house (ie. scrubbing floors, lifting or moving heavy furniture)[ ]  Do yardwork (ie. raking leaves, weeding, pushing a lawn mower)[ ]  Have Sexual Relations[ ]  Participate in Moderate Recreational Activities (ie. golf, bowling, doubles tennis, throwing baseball, kicking football)[ ]  Participate in Strenous Sports (ie. swimming, singles tennis, football, basketball, skiing)Question 11How many consultants/specialists/doctors did you see prior to your diagnosis of INOCA?[ ]  0 (meaning diagnosed right away)[ ]  1-2[ ]  3-5[ ]  >5Question 12How many cardiologists have you consulted for treatment of your INOCA?[ ]  1 [ ]  2[ ]  3-5[ ]  >5Question 13Prior to your diagnosis of INOCA were you ever referred to a psychiatrist for your symptoms or was such a referral suggested to you by your doctor? [ ]  Yes[ ]  NoQuestion 14Have you ever been started on, or been recommended to start, an antidepressant or antianxiety medication for your INOCA symptoms? [ ]  Yes[ ]  NoQuestion 15Are you under the care of a specialist in INOCA?[ ]  Yes [ ]  No[ ]  Awaiting Initial Appointment[ ]  I Don’t KnowQuestion 16If you under the care of a specialist in INOCA, how did you get to them?[ ]  Self-Referred (I found the specialist myself) [ ]  My Family Doctor/GP referred me to the INOCA specialist[ ]  Another cardiologists referred me to the INOCA Specialist[ ]  Another doctor referred me to the INOCA Specialist[ ]  AI have never been under the care of an INOCA Specialist

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| Question 17How many years have you had symptoms of INOCA for?[ ]  Less than 1 year [ ]  1-5 years [ ]  5-10 years[ ]  10-20 years[ ]  >20 yearsQuestion 17At What Age were you Diagnosed with INOCA?[ ]  Less than 30 [ ]  30-40 [ ]  40-50[ ]  50-60[ ]  60-70[ ]  >70 yearsQuestion 18Have you ever had a Heart Attack? [ ]  Yes[ ]  No[ ]  UnsureQuestion 19Have you ever been told that although your symptoms of INOCA may be unpleasant, you cannot die from it and cannot have a heart attack? [ ]  Yes[ ]  NoQuestion 20Have you ever had to call an Ambulance for your symptoms of INOCA? [ ]  Yes[ ]  NoQuestion 21When you have called an Ambulance for your symptoms of INOCA, have you experienced any of the following? (choose all that apply) [ ]  Taken to the Hospital and Cardiac Monitor Attached and ECG performed[ ]  No Ambulance dispatched[ ]  Assessed by Ambulance Crew but not taken to the hospital[ ]  Taken to the Hospital but No Cardiac Monitor or ECG performed despite symptoms[ ]  Ambulance Crew Understood the Diagnosis of INOCA[ ]  Ambulance Crew DID NOT Understand the Diagnosis of INOCA[ ]  I have never had to call an Ambulance[ ]  I do not call the Ambulance because they do not take my symptoms seriouslyQuestion 22As a patient living with INOCA, do you know when to call for an ambulance or go to the hospital for your INOCA symptoms?[ ]  Yes[ ]  No |  |

Question 23Which diagnostic tests have you had related to your INOCA symptoms? (Check all that apply)[ ]  ECG[ ]  Echocardiogram (also called Echo)[ ]  Exercise Stress Test[ ]  Stress Echocardiogram (Also called Stress Echo)[ ]  CT Angiogram[ ]  Cardiac MRI[ ]  PET Scan[ ]  Cardiac Catheterization (Also called Angiogram)[ ]  Cardiac Catheterization (Also called Angiogram) with Acetylcholine Testing[ ]  None of the AboveQuestion 24Which symptoms do you experience related to INOCA? (Check all that apply)[ ]  Chest Pain/Chest Pressure/Chest Discomfort[ ]  Fatigue/Exhaustion[ ]  Shortness of Breath[ ]  Back Pain[ ]  Shoulder or Arm Pain or Pressure[ ]  Neck/Jaw Pain[ ]  Palpitations/Racing of the heart[ ]  Sweats[ ]  Lightheadedness, Dizzyness[ ]  Nausea, reflux-like symptoms[ ]  Confusion, Brain Fog[ ]  Vision Changes[ ]  OtherQuestion 25Have You Ever Left any Doctor’s Appointment and come away thinking they did not understand INOCA?[ ]  All the Time[ ]  Often[ ]  Occasionally[ ]  NeverQuestion 26Have You Ever Had to Stop Working because of INOCA?[ ]  Yes[ ]  NoQuestion 27Did You Had to Retire Early because of INOCA?[ ]  Yes[ ]  NoQuestion 28Have You Ever Had to Reduce Working Hours because of INOCA?[ ]  Yes[ ]  NoQuestion 29Have You Ever Had to Change Jobs or Roles for a Less Stressful Position because of your symptoms from INOCA?[ ]  Yes[ ]  NoQuestion 30Have You Ever Had to Change Jobs or Roles that Resulted in Lower Pay Because of your Symptoms with INOCA?[ ]  Yes[ ]  NoQuestion 31Have You Ever Had to Apply for Disability Benefits because of your symptoms with INOCA?[ ]  Yes[ ]  NoQuestion 32If You Had to Apply for Disability Benefits because of your symptoms with INOCA, was your application successful?[ ]  Yes[ ]  No[ ]  I have never applied for disability benefitsQuestion 33Do You Ever Worry about being home alone?[ ]  Yes[ ]  NoQuestion 34Do You Ever Worry about going out alone?[ ]  Yes[ ]  NoQuestion 35Do You Drive?[ ]  Yes,[ ]  No, stopped due to INOCA symptoms[ ]  Never DroveQuestion 36Did you have any of the following conditions during pregnancy? (check all that apply)[ ]  Hypertension During pregnancy[ ]  Preeclampsia or Eclampsia[ ]  Gestational Diabetes [ ]  Preterm Delivery[ ]  Miscarriage[ ]  Does Not Apply To Me, I have Never Been PregnantQuestion 37Do you have any of the following conditions? (check all that apply)[ ]  Migraines/ Frequent Headaches[ ]  Raynaud’s [ ]  Thyroid Disorder [ ]  Rheumatoid Arthritis[ ]  Lupus/ Systemic Lupus Erythematosus[ ]  Other Autoimmune Disorder[ ]  History of Stroke[ ]  Kidney Disease[ ]  NoneQuestion 38Do You Have Any of the Following Triggers for Your Symptoms of INOCA?[ ]  Stress[ ]  Exercise/Exertion[ ]  Excitement or High Emotional State/Anger[ ]  Cold Weather[ ]  Change in Temperature or Weather Change[ ]  Triggered during Menstruation[ ]  Other [ ]  No Known TriggersQuestion 39Did Your Symptoms Change at Menopause?[ ]  Yes[ ]  No[ ]  Unsure[ ]  Have not Undergone Menopause Yet[ ]  Male (Not Applicable)Question 40Has INOCA Adversely Affected Your Home Life?[ ]  Yes[ ]  NoQuestion 41Has INOCA Adversely Affected Your Relationship with Your Partner/Spouse?[ ]  Yes[ ]  No[ ]  Not applicableQuestion 42Has INOCA Adversely Affected Your Work Life?[ ]  Yes[ ]  NoQuestion 43Has INOCA Adversely Affected Your Social Life?[ ]  Yes[ ]  NoQuestion 44Has INOCA Adversely Affected Your Sex Life?[ ]  Yes[ ]  No[ ]  Not applicableQuestion 45Has INOCA Adversely Affected Your Mental Health?[ ]  Yes[ ]  NoQuestion 46Has INOCA Negatively Affected Your Outlook on Life?[ ]  Yes[ ]  NoQuestion 47Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?[ ]  \_\_ (no number >30 will be accepted)Question 48Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?[ ]  \_\_(no number >30 will be accepted)Question 49During the past 30 days, for how many days did poor physical health or mental health, keep you from doing your usual activities, such as self-care, work or recreation?[ ]  \_\_(no number >30 will be accepted)IF YOU WOULD LIKE TO SHARE ANY OTHER COMMENTS WITH YOU ABOUT YOUR EXPERIENCE LIVING WITH INOCA, PLEASE FEEL FREE TO WRITE ANY COMMENTS HERE:    |  |