

# The Healthy Heart Study: Improving doctor and patient decision making about cardiovascular disease (CVD) risk assessment and monitoring

## PATIENT INTERVIEW SCHEDULE

**Reiterate the participant information sheet:**

**Introduction:** Thank you for agreeing to be interviewed. This study is about patient views and experiences of the care they receive from their GP regarding the health of their heart, such as blood pressure and cholesterol checks, or calculating your heart disease risk.

**Confidentiality & audio recording:** Everything you say will be strictly confidential. We will make a transcript from the audio recording of this interview, but your name and any identifying details will be removed.

**The Interview:** The interview will last about 30 minutes. If you'd prefer not to answer some questions, or would like to stop the interview at any time, that's fine, just let me know.

Does that sound ok? Do you have any questions before we start?

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- FOR ALL PATIENTS-

### PART 1: Communication about heart disease risk & management

1. The first question is multiple choice. Would you say that in general your health is -
  - a) Excellent
  - b) Very Good
  - c) Good
  - d) Fair
  - e) Poor(If reasons not given) Why do you think your general health is that level?
2. This study is about how people think about the health of their heart – is heart disease something you think about in relation to your health?  
(Prompt: heart disease includes things like heart attack and stroke)  
If yes/ no: why?
3. (If not discussed) What do you think puts people at higher risk of developing heart disease?
4. Have you ever had any discussions with your doctor about heart disease risk or risk factors?  
If yes - tell me about what your doctor said? If no - have you ever had any discussions about blood pressure, cholesterol, smoking, diet or exercise?

5. Have you been asked by your doctor to make any lifestyle changes, such as diet, exercise or smoking? (prompt: ask about the other aspects again if they only talk about one thing)
  - a. What did your doctor say to you when he/she recommended changing your lifestyle?
  - b. Why do you think your doctor recommended changing your lifestyle?
  - c. How did you feel about being asked to change your lifestyle? (prompt: ask about other aspects they mentioned if they only talk about one thing)
  
6. Are you on any treatment for your heart/blood pressure/cholesterol? If yes:
  - a. What does the treatment involve?
  - b. What did your doctor say to you when he/she recommended starting treatment?
  - c. Why do you think your doctor recommended start treatment?
  - d. How did you feel about starting treatment? (prompt: ask about other treatments if they are taking multiple meds but only talk about one thing)
  
7. *[If patient has been told/ is aware that she/he is at higher risk of CVD:]* How has this affected how you feel about your health and about your life generally?
  
8. *[If overall risk not mentioned]:* Did your doctor explain your overall heart disease risk to you? How? (Prompt: did your doctor use a risk calculator, chart or picture)?

**PART 2: Perceived benefits and harms of monitoring**

1. How often do you have check-up appointments for your heart/blood pressure/cholesterol?
  
2. What usually happens when you see your doctor to check your heart/blood pressure/cholesterol ?
  - a. What do you have to do?
  - b. Do you have any tests done? (prompt: if they had an overall risk assessment, ask if this is repeated)
  - c. How does your doctor explain/describe this to you? (prompt: do they tell you the test result/what the number means?)
  
3. Do you see any other healthcare providers for your health related to your heart?
  
4. How do you feel about attending your regular check-ups?
  - a. Are there any benefits from going for your regular check up?  
(Prompt: what are the advantages for you? – bring up things they have already mentioned if appropriate)
  - b. Is there anything you don't you like about going for your regular check-up?  
(Prompt: what are the disadvantages for you? – bring up things they have already mentioned if appropriate)
  - c. Is there anything about your check-up that makes you feel worried or concerned in any way?

- d. Have you learned anything new about your health from your check-up appointments?
  - e. Thinking about the regular tests you have – how useful do you find the results of the tests for you?
  - f. Has there been any times when your results were better or worse than you expected? If yes – how did you feel?
5. How could your regular check up appointments be improved?

**PART 3: Impact of monitoring on significant others**

1. Do you talk to you partner, family or friends about your check-up appointment or test results? (prompt: what do they think about it?)
2. Has thinking about your risk of heart disease / blood pressure/cholesterol influenced your relationship with anyone close to you in any way? How?

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***- FOR PATIENTS ON MEDICATION ONLY-***

**PART 4: Views on changing monitoring schedules (NOTE: skip for patients 75 or older)**

1. Changing monitoring interval: If your doctor said you could come for check-ups less frequently (e.g. from x monthly to annually) – how would you feel?
  2. Is there anything that you would miss if you came less frequently?
  3. If your treatment was going well and your doctor said you did not need to come for check-ups at all how would you feel?
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**-FOR ALL PATIENTS-**

**PART 5: Concluding question & demographics**

1. How do you prefer your doctor to make decisions about your heart disease risk and treatment - to what extent would you like to be involved?
2. How could your health care related to your risk of heart disease be improved? (prompt: Is there anything your GP could do to help with this?)

*[Turn tape off] I would like to finish this interview by asking a few general questions about you. This will be used to describe the whole participant group.*

3. What is your highest level of education?
  - Year 10 or below
  - Year 12
  - Technical diploma
  - Undergraduate university degree
  - Postgraduate university degree
4. What is your marital status?
  - Married
  - De facto / living with partner
  - Widowed
  - Divorced
  - Never married
5. In which country were you born? \_\_\_\_\_
6. If not Australia: In what year did you move to Australia to live? \_\_\_\_\_
7. Are you of Aboriginal and/or Torres Strait Islander origin?            No      Yes
8. Have you been diagnosed with any medical conditions?
  - No
  - Yes (please specify): \_\_\_\_\_