

APPENDIX 1: Patient Questionnaire

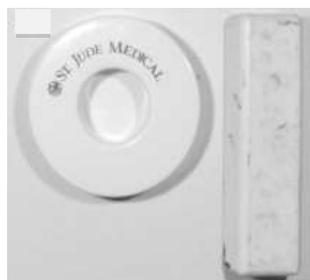
Dear Sir / Madam,

We are conducting a brief survey of our implantable defibrillator patients. We'd be grateful if you'd complete this short questionnaire and return it to us in this stamped addressed envelope.

In rare circumstances it may be necessary to place a magnet over an implantable defibrillator to alter its behaviour. Some of our defibrillator patients have been provided with a magnet, and the purpose of this questionnaire is to find out whether you have been given one, and if so whether you've been told when and how it should be used.

Your participation in this survey is voluntary, and will not affect your future care. Should you decide to participate your identity will be protected and will not be disclosed to any 3rd party.

Below are pictures of some of the commonly used magnets:



Q1) Have you been given a magnet by the defibrillator team at Morriston Hospital?

A1) Yes No (please tick as appropriate)

If the answer to question 1 is No, you have completed this questionnaire. Please return it to us in the envelope provided. If the answer is Yes, please continue:

Q2) Were you provided with any written information about the use of a magnet?

A2) Yes No (please tick as appropriate)

Q3) If the answer to Q2 is Yes, do you still have this information?

A3) Yes No (please tick as appropriate)

Q4) Were you provided with any verbal information about the use of a magnet?

A4) Yes No (please tick as appropriate)

Q5) Do you remember and understand the circumstances when a magnet may need to be used?

A5) Yes No (please tick as appropriate)

Q6) If the answer to Q5 is Yes, could you please describe these circumstances below

Q7) During your follow-up, have you ever been given a reminder (either verbal or written) about how and when a magnet should be used?

A7) Yes No (please tick as appropriate)

Q8) Would you like to be reminded of this information at your next defibrillator clinic visit? *(If you answer yes to this question we will use the unique number at the top of this form to identify you from your records so that we can give you this information at your next clinic visit. However your identity will still be protected from any third party)*

A8) Yes No (please tick as appropriate)

Q9) Have you ever been in a situation where your magnet has needed to be used?

A9) Yes No (please tick as appropriate)

Q10) If the answer to Q9 is Yes, could you describe the details of these events below

Thank you. You have now completed this survey. Please return it to us in the envelope provided
Should you have any urgent queries arising from this survey, please contact Sister Wendy
Churchouse. Tel no: _____

Dr Mark Anderson; Consultant Cardiologist, and Dr Dewi Thomas; Cardiology SPR