

**Research to Reduce Time to Treatment for Heart Attack/Myocardial Infarction  
for Rural American Indians/Alaska Natives (AI/AN)**

**Attachment 8A**

**Interview Guide for Individuals**

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**Interview Guide for Individuals**

My name is \_\_\_\_\_ and I am working with a program that is trying to better understand the issues surrounding patients who are experiencing a heart attack. We are trying to identify what can be done to reduce the time from heart attack to treatment for patients in our rural American Indian communities. This is important because we believe that early treatment can reduce the damage that is done to the heart from a heart attack, it increases the patient's ability to recover. We need your ideas, opinions and experiences to help determine the best ways to educate others in the importance of seeking immediate treatment for the signs and symptoms of a heart attack. Your time and opinions are extremely valuable to this project.

Please fill out the following:

1. Age: \_\_\_\_\_ 2. Male: \_\_\_\_\_ 3. Female: \_\_\_\_\_ 4. Years of Ed. \_\_\_\_\_

5. Race:

American Indian \_\_ Tribe \_\_\_\_\_

Alaska Native \_\_\_\_ Tribe \_\_\_\_\_

Black or African American \_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_

White \_\_\_\_

Ethnicity:

Hispanic or Latino \_\_\_\_

Not Hispanic or Latino \_\_\_\_

6. Profession: \_\_\_\_\_

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7. Have you ever had a heart attack (MI)? No \_\_\_\_\_ Yes \_\_\_\_\_ (if no go to # 8, if yes go to # 7a)

7a. If yes, how long ago? \_\_\_\_\_

8. Do you think that you are at risk for having a heart attack? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please check all the following that you would expect to occur in someone having a heart attack. (Signs are things you see, symptoms are things that you feel)

- |  |                   |
|--|-------------------|
| _____ Arm pain   | _____ Faint       |
| _____ Chest pain   | _____ Denial      |
| _____ Chest pressure                                       | _____             |
| Dizziness _____ Stomach pain                               |                   |
| _____ Vomiting   |                   |
| _____ Rapid or irregular heart beat                        | _____ Neck pain   |
| _____ Numbness & tingling in the Arm                       | _____ Cold skin   |
| _____ Blurred vision                                       | _____ Heartburn   |
| _____ Sudden sweating                                      | _____ Indigestion |
| _____ Back pain  | _____ Jaw pain    |
| _____ Paralysis  |                   |
| _____ Feeling of doom                                      |                   |
| _____ Shortness of breath                                  |                   |
| _____ Pain that spreads to your shoulders, neck, back arms |                   |
| _____ Squeezing sensation or tightness in you chest        |                   |
| _____ Unexplained Weakness or light headedness             |                   |
| Other _____  |                   |

10. If you have had a heart attack, please check all the signs and symptoms that you had shortly before or at the time of your heart attack. (Signs are things you see, symptoms are things that you feel)

- |                                      |                 |
|--------------------------------------|-----------------|
| _____ Arm pain                       | _____ Faint     |
| _____ Chest pain                     | _____ Denial    |
| _____ Chest pressure                 | _____           |
| Dizziness _____ Stomach pain         | _____           |
| Vomiting _____                       |                 |
| _____ Rapid or irregular heart beat  | _____ Neck pain |
| _____ Numbness & tingling in the arm | _____ Cold skin |
| _____ Blurred vision                 | _____           |
| Heartburn _____ Sudden sweating      |                 |
| _____ Indigestion                    |                 |

- \_\_\_\_\_ Back pain \_\_\_\_\_ Jaw pain
- \_\_\_\_\_ Paralysis
- \_\_\_\_\_ Feeling of doom
- \_\_\_\_\_ Shortness of breath
- \_\_\_\_\_ Pain that spreads to your shoulders, neck, back arms
- \_\_\_\_\_ Squeezing sensation or tightness in you chest
- \_\_\_\_\_ Unexplained Weakness or light headedness
- Others \_\_\_\_\_

11. If you had a history of chronic symptoms that were identified by a medical provider as not being related to your heart such as heartburn or gallstones, what change in your symptoms made you believe that it might be a heart attack?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do men and women have the same signs &/or symptoms of a heart attack?  
(Signs are seen, symptoms are felt) Yes \_\_\_ No \_\_\_ don't know \_\_\_\_\_

13. Would/did you call for help if you thought you might be having a heart attack?  
Yes \_\_\_  
No \_\_\_

14. Whom would/did you call?

- a. \_\_\_\_\_ A friend b. \_\_\_\_\_ An ambulance or 911
- c. \_\_\_\_\_ A family member d. \_\_\_\_\_ A medical provider (Dr., FNP, PA)
- e. Other \_\_\_\_\_

15. If you called someone other than 9-1-1 or an ambulance, how long did it take you to get in to see a doctor or other health care provider (besides EMTs)?

\_\_\_\_\_

16. How soon after you thought you were having a heart attack would / did you call for help?

- a. \_\_\_\_\_ Right away b. \_\_\_\_\_ Less than an hour c. \_\_\_\_\_ 1 -2 hours d. \_\_\_\_\_ 2-3 hours
- e. \_\_\_\_\_ 3-4 hours f. \_\_\_\_\_ more than 4 hours
- g. Other \_\_\_\_\_

\_\_\_\_\_

17. Who is the one person who would most influence you in getting care?

\_\_\_\_\_

(for example – daughter, son, husband, doctor, neighbor, etc.)

18. What is the first action that you would/did take when you thought you were having a heart attack? (for example, take an aspirin, call 911, call a friend or a relative, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

19. Do you believe that a heart attack is a medical emergency that requires immediate attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. What do you believe are the consequences of delaying treatment for a heart attack?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Would you like more information or education about heart attack? Yes \_\_\_\_\_ No \_\_\_\_\_

22. What kind of information would you like? (prevention/treatment/signs and symptoms)

\_\_\_\_\_

23. How would you like to get more information on heart attacks?

a. \_\_\_\_\_ Books

b. \_\_\_\_\_ Pamphlets

c. \_\_\_\_\_ Doctors - nurses – nurse practitioners – PA's

d. \_\_\_\_\_ Community meetings

e. \_\_\_\_\_ A private meeting with someone that can answer your questions

f. \_\_\_\_\_ Television

g. \_\_\_\_\_ VCR, CD or audio tape

h. \_\_\_\_\_ Radio

Other \_\_\_\_\_

24. What are the risk factors that you can think of that you believe may lead to a heart attack?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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25. Check as many of the following that may prevent you from seeking help if you thought you were having a heart attack.

- No Insurance
- Too Busy / No time
- Child care
- Family disapproval
- No transportation
- Denial
- Pride
- Embarrassment if nothing was wrong
- Giving up control
- Losing work time
- Cost of medications
- Don't want to bother others
- Discrimination
- Hassle at the hospital
  
- Lack of knowledge
- Don't want to scare family
- Tried to manage symptoms
- Don't want to be a burden to the family
- Lack of privacy
- Don't trust doctors / hospitals
- Don't know how to get help
- Don't care about my health, I'm going to die someday anyway
- Having to wait for treatment at the hospital
- Light and sirens of the ambulance, police or fire trucks
- Receiving a bill for the ambulance ride
- Receiving a bill from the hospital
- Fear of finding out if you are having a heart attack
- You feel your questions are dumb
- You feel the doctor may think your questions are dumb
- Others \_\_\_\_\_

26. How many times in the past year have you been to a doctor? \_\_\_\_\_

27. Do you typically see the same provider each time you go to the doctor? Yes  
\_\_\_\_ No \_\_\_\_\_

28. Describe the person who you think is most likely to have a heart attack.

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29. Are there problems in your hospital or clinic that could interfere with a person's ability to receive timely treatment? Yes\_\_\_\_\_ No \_\_\_\_\_  
If yes, what are they?

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30. What specific treatments or capabilities are lacking at your clinic or hospital to deliver appropriate acute myocardial infarct (heart attack) care, if any?

31. Do you believe that there is appropriate treatment and expertise for heart attack available at your local clinic? Yes\_\_\_\_\_ No \_\_\_\_\_

32. Is EMS (emergency medical service) available in your community? Yes\_\_\_\_\_ No \_\_\_\_\_

33. In the cases in which you are familiar with of an individual having a heart attack, was the emergency medical system (EMS) used? Yes\_\_\_\_\_ No \_\_\_\_\_  
If No, why not?

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34. What can be done to increase the use of the EMS?

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35. What distance does your EMS have to travel to reach your door?

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36. How many close relatives in your family have had a heart attack?

(Probe: Do you believe that having a family history of heart attack increases your risk for a heart attack?)

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37. Do you believe that diabetes contributes to your risk for heart disease?

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