



Patient Story Information

Name			
D.o.B			
Email account			
Home number		Mobile Number	
Location			
Describe yourself in a few sentences i.e your hobbies, you career, your family etc:			
How did you come to be diagnosed with heart valve disease? When was this? (in relation to now/your age/a significant life event?)			
What symptoms, if any, did you experience prior to your diagnosis or during the course of your disease?			
Did you ever attribute your symptoms to another illness (cold/cough) or to the ageing process? Please explain.			

What effects do you think heart valve disease had on your overall fitness, and how did that transpire to your lifestyle?

What steps were taken by your GP/medical professional to diagnose your HVD? What was the diagnosis?

How quickly were you referred to a cardiologist? What was your experience with the cardiologist? i.e. what tests and explanations did you receive?

How did you feel when you were told that heart valve disease was the source of your ill-health? What were your thoughts/reactions?

What did you know about HVD before you were diagnosed? Had you heard of the disease?

Were you able to find any information about our diagnosis and where from? What information did you find helpful?

Have you received treatment or discussed treatment with your consultant? What advice did your consultant/surgeon give you about how best to treat your heart valve disease?

If you have received treatment, what treatment did you undergo and when? How did you feel about going into treatment?

Surgeon's names	
Hospital	
Type of Treatment	

How did you prepare for your treatment or how did your clinicians help you prepare?

How was your recovery? What aftercare was provided by the hospital/centre you attended?

How did you find the first week after your treatment?

One month after your treatment, how did you feel? Have you noticed any improvements in your quality of life?

Can you give us a 'top-tip' for the recovery process? Did you find any particular exercise or activity particularly helpful?

Are there any activities that you enjoy now that you didn't think you would before your treatment? What are they?

What advice would you give to someone about to begin their treatment journey, or to someone who has just undergone treatment?

As a final comment, what would you say about your overall experience of heart valve disease, the treatment process and the effect it had on your life?

Please select a profile photo that is appropriate for the website and attach it when sending an email with this questionnaire.

Are we allowed to store your information?

Yes

No

By circling yes above, you're giving Heart Valve Voice permission to use your story in any of our promotional material. We will ask for your permission and to review your story before publishing it on the Heart Valve Voice website. To make sure that we're both happy with the outcome. Heart Valve Voice also holds the rights not to publish any of the material or to withhold the story until an appropriate time.

Once you have completed the form please send it back to:

Elske Simpson

Heart Valve Voice

admin@heartvalvevoice.com

www.heartvalvevoice.com

Everybody at the Heart Valve Voice team is glad that you shared your story with us.



The more we listen, the more lives we save.

If you want us to stop storing your information please email admin@heartvalvevoice.com.