

Danish ICD patients' perspective on driving

- a nationwide survey

2017



Completing the questionnaire

This questionnaire is divided into three parts:

- Part A (blue):** To be answered by **all participants**
- Part B (green):** To be answered **if you have ever experienced an ICD shock**
- Part C (purple):** To be answered **if you held a professional driver's license** before your ICD implantation

Start by completing part A and continue to part B and/or part C if relevant for you. Please review all your responses before submitting the questionnaire.

General instructions:

1. Please read the question and all response categories before choosing your response
2. Please notice, if you're allowed to tick one or more boxes
3. Please tick the box that describes you best
4. Be aware, that we will ask you questions regarding both the time before and after your ICD implantation
5. Not all questions are relevant for everyone. Keep an eye on the **red arrow** to the right that guides you through the questionnaire. For example:

4. Did you hold a valid driver's license for private use (car, motorcycle and tractor) <u>before your ICD implantation?</u>	
<i>(Only one X)</i>	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/> → Continue to question 25

Thank you for your participation!

Part A

To be answered by all participants

Background information

There are many different reasons why a person needs an ICD device. Initially, we would therefore like to ask you some background questions.

In the event that you have had your ICD changed, all questions regarding ICD implantation relates to your first ICD implantation.

1. In general, would you say your health is:

(Only one X)

Excellent	<input type="checkbox"/>
Very good	<input type="checkbox"/>
Good	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Poor	<input type="checkbox"/>

2. What is the highest level of education that you have completed?

(Only one X)

Secondary school	<input type="checkbox"/>
Vocational training	<input type="checkbox"/>
High school diploma	<input type="checkbox"/>
Higher education: Short-cycle qualification (up to 3 years)	<input type="checkbox"/>
Higher education: Intermediate-cycle qualification (3 to 5 years)	<input type="checkbox"/>
Higher education: Long-cycle qualification (5 years or more)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

3. What was your employment status when you had your ICD implanted?

Please disregard any short sickness leave (< 1 month) leading to your ICD implantation.

(Only one X)

I was working as an employee / self-employed	<input type="checkbox"/>
I was retired, on early retirement or disability pension (permanently excluded from the work force)	<input type="checkbox"/>
I was unemployed or on long-term sickness leave (temporarily excluded from the work force)	<input type="checkbox"/>
I was studying or in training	<input type="checkbox"/>
If other, please describe what:	
<input type="text"/>	

4. Please think back on your life six months before your ICD implantation:

Did you hold a valid driver's license for private use (car, motorcycle and tractor) before your ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Continue to question 25

5. Please think back on your life six months before your ICD implantation:

Did you hold a valid driver's license for either professional driving or driving of large vehicles before your ICD implantation?

**Large vehicles are defined as small/large trucks and small/large buses (all above 3.5 tonnes)
Professional driving is defined as driving for professional purposes, including any passenger transportation.**

(Only one X)

Yes	<input type="checkbox"/>	→ Remember to complete part C
No	<input type="checkbox"/>	

6. Did anyone else in your household hold a valid driver's license at the time of your ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

7. Have you ever experienced one or more shocks from your ICD?

(Only one X)

Yes	<input type="checkbox"/>	→ Remember to complete part B
No	<input type="checkbox"/>	

Driving habits

In the following questions, we would like to know more about your driving habits. We will ask questions into your driving habits both before and after you had your ICD implanted.

We are only interested in driving situations where you were the driver of the vehicle (car, motorcycle, tractor, bus or truck).

8. If you think back on you driving habits during the six months leading up to your ICD implantation: On which occasions did you typically drive?

(You may select more than one answer)

Professional driving or driving of large vehicles during work hours	<input type="checkbox"/>	
During work hours (fx. as a salesman, farmer, craftsman)	<input type="checkbox"/>	
To/from work or school/university	<input type="checkbox"/>	
In relation with practical errands (fx. shopping, visits to the doctor)	<input type="checkbox"/>	
To visit family and friends	<input type="checkbox"/>	
In relation with leisure activities (fx. exercise, theater, holiday)	<input type="checkbox"/>	
I <u>did not drive</u> during the period	<input type="checkbox"/>	→ Continue to question 10

9. If you think back on you driving habits during the six months leading up to your ICD implantation: How many hours a week did you typically drive?

(Only one X)

I drove <u>less than</u> 1 hour a week	<input type="checkbox"/>
I drove 1-3 hours a week	<input type="checkbox"/>
I drove 4-6 hours a week	<input type="checkbox"/>
I drove 7-9 hours a week	<input type="checkbox"/>
I drove 10 hours a week or <u>more</u>	<input type="checkbox"/>

10. Have you resumed private driving after your ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Continue to question 18

If no, please elaborate on why you haven't resumed driving:

10.1. How long after your ICD implantation did you drive for the first time?

(Write a number before either days/weeks/months)

<input type="text"/> Days
<input type="text"/> Weeks
<input type="text"/> Months

Current driving habits:

11. If you think about your driving habits during the last month:

How many hours a week do you typically drive?

(Only one X)

I haven't driven during the last month	<input type="checkbox"/>
I drive <u>less than</u> 1 hour a week	<input type="checkbox"/>
I drive 1-3 hours a week	<input type="checkbox"/>
I drive 4-6 hours a week	<input type="checkbox"/>
I drive 7-9 hours a week	<input type="checkbox"/>
I drive 10 hours a week or <u>more</u>	<input type="checkbox"/>

Cardiac symptoms while driving

In the following questions we will ask you, if you've experienced any cardiac symptoms while driving, after you had your ICD implanted.

We are only interested in driving situations where you were the driver of the vehicle (car, motorcycle, tractor, bus or truck).

Remember that your responses are treated completely anonymously and will not be disclosed to other health care professionals or the authorities.

12. Have you, after you had your ICD, experienced one or more of the following symptoms while driving? If yes, how many times?

	<i>(You may select more than one)</i>	<i>(If yes, how many times?)</i>	
Received an ICD shock while driving	<input type="checkbox"/>	<input type="text"/>	→ Continue to question 13
Lost consciousness while driving (not related to an ICD shock)	<input type="checkbox"/>	<input type="text"/>	→ Continue to question 14
Experienced dizziness while driving	<input type="checkbox"/>	<input type="text"/>	→ Continue to question 15
Experienced palpitations while driving	<input type="checkbox"/>	<input type="text"/>	→ Continue to question 16
Experienced chest pain while driving	<input type="checkbox"/>	<input type="text"/>	→ Continue to question 17
<u>None</u> of the above	<input type="checkbox"/>		→ Continue to question 18

In the following two questions, we would like to know more about your experiences receiving an ICD shock while driving.

13. Have you lost consciousness in conjunction with receiving an ICD shock while driving? If yes, how many times?

	<i>(Only one X)</i>	<i>(If yes, how many times?)</i>
Yes	<input type="checkbox"/>	<input type="text"/>
No	<input type="checkbox"/>	

13.1. Have you been involved in a motor vehicle accident in conjunction with an ICD shock while driving? If yes, how many times?

A motor vehicle accident is defined by an accident leading to either material damage and/or physical injury.

	<i>(Only one X)</i>	<i>(If yes, how many times?)</i>
Yes	<input type="checkbox"/>	<input style="width: 40px;" type="text" value=""/>
No	<input type="checkbox"/>	

14. Have you been involved in a motor vehicle accident in conjunction with loss of consciousness while driving? If yes, how many times?

A motor vehicle accident is defined by an accident leading to either material damage and/or physical injury.

	<i>(Only one X)</i>	<i>(If yes, how many times?)</i>
Yes	<input type="checkbox"/>	<input style="width: 40px;" type="text" value=""/>
No	<input type="checkbox"/>	

In the following two questions, we would like to know more about your experiences with dizziness while driving.

15. Have you, after your ICD implantation, had to stop the vehicle due to dizziness?

	<i>(Only one X)</i>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

15.1. Have you been involved in a motor vehicle accident in conjunction with dizziness while driving? If yes, how many times?

A motor vehicle accident is defined by an accident leading to either material damage and/or physical injury.

	<i>(Only one X)</i>	<i>(If yes, how many times?)</i>
Yes	<input type="checkbox"/>	<input style="width: 40px;" type="text" value=""/>
No	<input type="checkbox"/>	

In the following two questions, we would like to know more about your experiences with palpitations while driving.

16. Have you, after your ICD implantation, had to stop the vehicle due to palpitations?

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

16.1. Have you been involved in a motor vehicle accident in conjunction with palpitations while driving? If yes, how many times?

A motor vehicle accident is defined by an accident leading to either material damage and/or physical injury.

(Only one X) (If yes, how many times?)

Yes	<input type="checkbox"/>	<input type="text" value="1"/>
No	<input type="checkbox"/>	

In the following two questions, we would like to know more about your experiences with chest pain while driving.

17. Have you, after your ICD implantation, had to stop the vehicle due to chest pain?

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

17.1. Have you been involved in a motor vehicle accident in conjunction with chest pain while driving? If yes, how many times?

A motor vehicle accident is defined by an accident leading to either material damage and/or physical injury.

(Only one X) (If yes, how many times?)

Yes	<input type="checkbox"/>	<input type="text" value="1"/>
No	<input type="checkbox"/>	

Information on driving following ICD implantation

It may vary from person to person, whether you're allowed to drive following ICD implantation. Health professionals are responsible for giving you thorough and adequate information on driving following ICD implantation.

In order to improve the quality of the information, we will ask you some questions on your experience with information on driving following ICD implantation. In the event that you have had your ICD changed, all questions relate to your first ICD implantation.

18. Please think back to the hospitalization during which you had your ICD implanted.

Did you receive any information from health care professionals on private driving following ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Continue to question 20
Cannot remember	<input type="checkbox"/>	→ Continue to question 20

18.1 How did you receive the information?

(Only one X)

Both verbally and in writing	<input type="checkbox"/>
Only verbally	<input type="checkbox"/>
Only in writing	<input type="checkbox"/>

18.2. What information did you receive about private driving following ICD implantation?

(Only one X)

That I could resume driving immediately	<input type="checkbox"/>
That I could resume driving when I felt ready	<input type="checkbox"/>
That I could resume driving after <u>1 week</u>	<input type="checkbox"/>
That I could resume driving after <u>1 month</u>	<input type="checkbox"/>
That I could resume driving after <u>3 months</u>	<input type="checkbox"/>
That I could resume driving after <u>6 months</u>	<input type="checkbox"/>
That I could <u>never</u> drive again	<input type="checkbox"/>
If other, please describe what:	
<input type="text"/>	

19. How satisfied are you with the quality of the information given on driving following ICD implantation?

(Only one X)

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note any comments or suggestions for improvement on information about driving following ICD implantation below:

Living with an ICD

The following questions relates to how potential driving restrictions following ICD implantation and/or ICD shock may influence one’s daily life activities and well-being.

**20. How do you agree with the following statements:
As a result of having an ICD ...**

<i>(One X in each line)</i>	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
... I’m nervous about driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I’m afraid that I’ll have an ICD shock while driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I try to avoid highways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I try to avoid driving alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I try to avoid driving with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have altered your driving habits in any other ways as a result of having an ICD, you may write it below:

The following four questions (no. 21-24) are only for persons that have been subject to a minimum of 1 month driving restrictions following either ICD implantation or ICD shock.

Everyone else should proceed to question 25

21. Please think back to periods with driving restrictions following ICD implantation and/or ICD shock:

Have driving restrictions following ICD implantation and/or ICD shock impeded with your daily life?

(Only one X)

Not at all	A little	Moderately	Very	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Have you, as a result of driving restrictions following ICD implantation and/or ICD shock, felt restricted in the activities below? If so, how much?

<i>(One X in each line)</i>	Yes, very limited	Yes, somewhat limited	No, not limited at all	Not relevant
Maintaining paid employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting to/from work/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running errands (fx. shopping, visits to the doctor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in leisure activities (fx. exercise, theater, holiday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How do you agree with the following five statements:

In periods with driving restrictions...

<i>(One X in each line)</i>	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
... I have felt like a burden on my surroundings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... I have found the driving restrictions annoying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the driving restrictions have affected me in a positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... the driving restrictions have given me a bad mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... it has been difficult to adhere with the driving restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. During periods with driving restrictions, have you driven anyway?

Remember that your responses are treated completely anonymously and will not be disclosed to other health care professionals or the authorities.

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not relevant / no comment	<input type="checkbox"/>

If you have any comments, please write them below:

25. Is there anything else you would like us to know?

If you have ever experienced an ICD shock → Continue to part B

If you held a professional/large vehicle driver's license before your ICD implantation → Continue to part C

If you neither have experienced an ICD shock nor held a professional/large vehicle driver's license before your ICD implantation, you have completed the questionnaire!

Please review all your responses before submitting the questionnaire in the enclosed envelope. The postage is pre-paid.

Thank you again for your participation!

Part B

To be answered if you have ever experienced an ICD shock

Think back on the time/times you experienced an ICD shock/shocks.

1. Was/were the ICD shock/shocks:

(Only one X)

Appropriate, ie. to terminate a life-threatening arrhythmia	<input type="checkbox"/>	
Inappropriate fx. a misinterpretation of your heart rhythm	<input type="checkbox"/>	→ Continue to question 5
I've experienced <u>both</u> appropriate and inappropriate ICD shocks	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	

2. When did you experience your most recent ICD shock?

(Only one X)

<u>Less</u> than 3 months ago	<input type="checkbox"/>	
<u>More</u> than 3 months ago	<input type="checkbox"/>	

3. Think back to the first time you experienced an appropriate ICD shock, that is, an ICD shock given to terminate a life-threatening arrhythmia.

Have you resumed driving following your first appropriate ICD shock?

(Only one X)

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Continue to question 4

3.1. How long after the appropriate ICD shock did you resume driving?

(Write a number before either days/weeks/months)

<input type="text"/>	Days
<input type="text"/>	Weeks
<input type="text"/>	Months

4. Think back to the first time you experienced an appropriate ICD shock, that is, an ICD shock given to terminate a life-threatening arrhythmia.

Did you receive any information from health care professionals on driving following ICD shock?

(Only one X)

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Continue to question 5
Cannot remember	<input type="checkbox"/>	→ Continue to question 5

4.1. How did you receive the information?

(Only one X)

Both verbally and in writing	<input type="checkbox"/>
Only verbally	<input type="checkbox"/>
Only in writing	<input type="checkbox"/>

4.2 What information did you receive about driving following ICD shock?

(Only one X)

That I could resume driving immediately	<input type="checkbox"/>
That I could resume driving when I felt ready	<input type="checkbox"/>
That I could resume driving after <u>1 week</u>	<input type="checkbox"/>
That I could resume driving after <u>1 month</u>	<input type="checkbox"/>
That I could resume driving after <u>3 months</u>	<input type="checkbox"/>
That I could resume driving after <u>6 months</u>	<input type="checkbox"/>
That I could <u>never</u> drive again	<input type="checkbox"/>

If other, please describe what:

5. How satisfied are you with the quality of the information given on driving following ICD shock?

(Only one X)

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note any comments or suggestions for improvement on information about driving following ICD shock below:

If you held a professional/large vehicle driver's license before your ICD → Continue to part C implantation

If you didn't hold a professional/large vehicle driver's license before your ICD implantation, you have completed the questionnaire!

Please review all your responses before submitting the questionnaire in the enclosed envelope. The postage is pre-paid.

Thank you again for your participation!

Part C

To be answered if you held a professional/large vehicle driver's license before your ICD implantation

1. For which profession did you use your professional/large vehicle driver's license before your ICD implantation?

(Only one X)

Truck driver	<input type="checkbox"/>
Bus driver	<input type="checkbox"/>
Taxi driver	<input type="checkbox"/>
If other, please describe what:	
<input type="text"/>	

2. Did you utilize your professional/large vehicle driver's license during the six months before your ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3. Have you resumed professional driving or driving of large vehicles following your ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> →Continue to question 4

3.1. How long after your ICD implantation did you resume professional driving or driving of large vehicles?

(Write a number before either days/weeks/months)

<input type="text"/>	Days
<input type="text"/>	Weeks
<input type="text"/>	Months

4. Please think back to the hospitalization during which you had your ICD implanted.

Did you receive any information from health care professionals on professional driving or driving of large vehicles following ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ Continue to question 5
Cannot remember	<input type="checkbox"/>	→ Continue to question 5

4.1. How did you receive the information?

(Only one X)

Both verbally and in writing	<input type="checkbox"/>
Only verbally	<input type="checkbox"/>
Only in writing	<input type="checkbox"/>

4.2. What information did you receive about professional driving or driving of large vehicles following ICD implantation?

(Only one X)

That I could resume professional/large vehicle driving immediately	<input type="checkbox"/>
That I could resume professional/large vehicle driving when I felt ready	<input type="checkbox"/>
That I could resume professional/large vehicle driving after <u>1 week</u>	<input type="checkbox"/>
That I could resume professional/large vehicle driving after <u>1 month</u>	<input type="checkbox"/>
That I could resume professional/large vehicle driving after <u>3 months</u>	<input type="checkbox"/>
That I could resume professional/large vehicle driving after <u>6 months</u>	<input type="checkbox"/>
That I <u>never</u> could drive professionally or large vehicles again	<input type="checkbox"/>

If other, please describe what:

5. Did you lose your job due to professional/large vehicle driving restrictions following ICD implantation?

(Only one X)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not relevant / no comment	<input type="checkbox"/>

If you have any comments, you can write them below:

6. How satisfied are you with the quality of the information given on professional driving or driving of large vehicles following ICD implantation?

(Only one X)

Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note any comments or suggestions for improvement on information on professional driving or driving of large vehicles after ICD implantation below:

You have completed the questionnaire!

Please review all your responses before submitting the questionnaire in the enclosed envelope. The postage is pre-paid.

Thank you again for your participation!