

## KNOWLEDGE LEVEL FORM

<b>Participant No</b>		<b>Date</b>	
<b>Control Group</b>		<b>Experimental Group</b>	
<b>Patient Name Surname</b>		<b>Protocol No</b>	

<b>FALL PREVENTION</b>	<b>True</b>	<b>False</b>
1. There must be enough lighting in your home.		
2. There is no need to have an easy-to-access lamp at your bedside.		
3. Your bed height should not be adjusted according to your height.		
4. A non-slip floor covering should be used.		
5. Small carpets should not be used.		
6. Carpets should be fixed on the floor to prevent them from slipping.		
7. You should not walk in the house with non-slip sole slippers / shoes.		
8. You should walk around barefoot at home.		
9. If there are stairs in your home, the soundness of the steps should be checked for security.		
10. There may be objects on stairs that cause slipping, such as carpet.		
11. Items such as ornaments, cables, extension lines, telephones, etc. that can cause a tripping hazard should be removed or fixed from the walking area.		
12. Wet floors should not be dried immediately with a long-handled mop.		
13. Regular exercise strengthens balance and coordination and accelerates adaptation to normal daily life.		
<b>WOUND CARE</b>		
14. You need to dress the surgical wounds.		
15. After discharge, shower should be taken with warm water and soap.		
16. Bath / shower should not be done without rubbing the wound places with products such as pouch and fiber.		
17. Effective cleansing accelerates healing in wound care and prevents infection.		

18. There is no tension, pain, or numbness at the incision site in the postoperative period.		
19. The incision area should be checked daily for signs of infection such as redness, opening, bad smell, swelling, discharge, and fever.		
<b>TRIFLOW EXERCISES</b>		
20. After your surgery, breathing exercises should be done with triflow so that your lungs can breathe as before and reach their preoperative capacity.		
21. It does not require time and practice to rehab the lungs after they are deflated during surgery.		
22. Triflow breathing exercises should be done by taking long, deep breaths into the lungs from a mouthpiece, then completely emptying the lungs. This should be done 10-15 times per hour.		
23. The number of moving balls will decrease as you continue the exercises.		
<b>NUTRITION</b>		
24. Adequate, balanced, and regular nutrition will allow your wound to heal quickly and will enable you to maintain your weight.		
25. In <u>the first month</u> after the operation, diet restrictions are generally recommended.		
26. A protein-rich diet is recommended to increase the body's resistance.		
27. You should not eat margarine, mayonnaise, cream, pickles, and fries.		
28. Dishes to be consumed should be low-fat, low-salt, boiled, or grilled.		
29. Dried legumes (chickpeas, haricot beans, lentils, etc.) should not be consumed.		
30. Tea consumption should be limited to 2-3 cups daily, and it should be weak tea. Coffee consumption should be limited to 1 cup daily.		
<b>WATER INTAKE</b>		
31. Fluids should be restricted.		
32. You should not drink water regularly.		
33. Water improves kidney function and significantly reduces the risk of infection.		
34. Water is essential for the removal of harmful toxins from the body.		
<b>ELIMINATION</b>		
35. If the home toilet is a squat toilet, you should use a patient toilet chair to avoid difficulty in sitting and getting up.		
36. If you are using the commode toilet, it will not affect you if it is too high or too low.		
37. In order not to fall while sitting on the toilet, there should be handles, and their strength should be checked.		

38. For regular defecation, it should not be a habit to go to the toilet at a certain time every day, even if you do not need it.		
39. Care should be taken to avoid constipation.		
40. If constipation is present, medication should not be used to treat it.		
<b>RIB CAGE PROTECTION</b>		
41. The use of a "chest corset" or "chest pillow" does not affect the healing process.		
42. In patients using a corset, the opening caused by movements in the chest bones and infections related to this are very unlikely.		
43. There is no need to use a corset of the appropriate size.		
44. During the first 20 days/1 month after surgery, help should not be obtained while sitting and getting up.		
45. The patient should not lie on their left or right side for 6 weeks.		
46. A cough exercise should be done by supporting the chest bone with the chest pillow at the time of coughing.		
47. The chest corset should not be removed even while resting.		
<b>BATH AND HYGIENIC CARE</b>		
48. There is no need to have someone help you with your first bathroom experience at home after the surgery.		
49. Care must be taken not to be left alone in the bathroom for the first month.		
50. A non-slip rubber mat or self-adhesive non-slip mat should be placed on the bathtub or shower floor.		
51. There is no need to make grab bars / iron rods to avoid slipping in the bathroom.		
52. Bath / shower should be done without rubbing the wound with products such as pouch and fiber.		
53. After the bath, cream or lotion should be applied to the surgical incision sites.		
54. The incision site does not need to be kept clean and dry.		
55. A bath in the form of a standing shower should be taken, and a bath in the bathtub should not be.		
56. A handheld showerhead should not be used in the bathroom.		
57. The surgery site should not be rubbed.		
58. While bathing, very hot water should be used.		

59. A bath should be taken every two days.		
60. There is no need to hold onto the handlebars in order to avoid falls.		
61. The floors should be dried with a long-handled mat when wet.		
<b>COMPRESSION SOCKS</b>		
62. In cardiac surgery, if a vein is removed from the leg, it is recommended to wear compression (varicose) socks after surgery.		
63. Compression socks do not need to fit according to the patient's weight and height.		
64. In the first month, someone else should dress you to protect the chest bone.		
65. There should be no wrinkles, gathering, or folding of the socks.		
66. The use of compression socks does not reduce edema in the legs.		
67. Compression socks should be worn only on the leg that the vein was taken from.		
68. Compression socks are not used after surgery.		
69. Compression socks should be taken off before going to bed. They should be put on again first thing in the morning.		
70. Compression socks should not be cleaned when taken off before going to bed.		
<b>PHYSICAL EXERCISES</b>		
71. Straight paths are best for walking.		
72. There is no need to wear comfortable clothes and shoes for the walk.		
73. Walking should be done in very warm weather		
74. Walking should be done in windy weather.		
75. You should stop and rest when you are tired.		
76. CABG patients should not climb stairs.		
77. While climbing stairs, you should rest after every several steps.		
78. When climbing the stairs, use the handrails for assistance in the first 2 months after surgery.		
79. Exercise should be interrupted or ended if you experience palpitations, difficulty breathing, or fatigue.		
<b>ALCOHOL/TOBACCO USE</b>		

80. Smoking is allowed 1 month after surgery.		
81. You should not drink alcohol for 3 months after surgery.		
<b>RETURNING TO WORK</b>		
82. Readiness to return to work should be determined according to the type of work performed.		
83. More sedentary work that only requires use of arms and hands can be started before the 3rd month after surgery.		
<b>SOCIAL ACTIVITIES</b>		
84. Housework can be done immediately after surgery.		
85. You should travel in the back seat of the car and support your chest with a pillow.		
86. It is not necessary to take breaks during long car trips.		
87. Patients should not travel by plane immediately after surgery.		
88. On long flights, short walks should be taken in the corridor of the plane.		
89. Visitors should be accepted after surgery.		
<b>SEXUAL LIFE</b>		
90. A healthy sex life is not part of returning to normal life after cardiac surgery.		
91. It may take some time to feel sexual pleasure, but when sexual desire returns, sexuality should be given importance, and feelings and concerns should be shared with the partner.		
92. The amount of energy required for sexual intercourse is normally the same as the speed of climbing two floors of stairs.		
93. A comfortable sex position should be found, and positions where your arms support your body weight should be avoided.		
<b>POST-OPERATIVE DRUG USE</b>		
94. Patients who have had heart valve surgery should use the drug called Coumadin for the rest of their lives.		
95. Coumadin should not be used regularly.		
96. If you forget to take your Coumadin, it should be taken as soon as you remember.		
97. If you forget to take your Coumadin, you should take 2 more on the next day.		
98. Coumadin can be stopped without asking your doctor.		
99. When you visit a dentist or other doctor, you must tell them that you are taking Coumadin.		

100. When using Coumadin, other medicines should not be used without asking your doctor.		
101. It is not necessary to carry a card indicating that you are using Coumadin in your wallet for your safety.		
102. Coumadin is not affected by sudden dietary changes.		
103. Vitamin K reduces the effects of Coumadin.		
104. Grapefruit reduces the effects of Coumadin.		

**CONSORT 2010 checklist of information to include when reporting a randomised trial\***

Section/Topic	Item No	Checklist item	Reported on page No
<b>Title and abstract</b>	1a	Identification as a randomised trial in the title	Page 1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	<u>Page 1</u>
<b>Introduction</b>	2a	Scientific background and explanation of rationale	Page 2
Background and objectives	2b	Specific objectives or hypotheses	Page 2
<b>Methods</b>			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	<u>Page 2-3-4</u>
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	Page 2-3-4
Participants	4a	Eligibility criteria for participants	Page 2-3-4
	4b	Settings and locations where the data were collected	Page 2-3-4
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Page 2-3-4
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Page 2-3-4
	6b	Any changes to trial outcomes after the trial commenced, with reasons	<u>N/A</u>
Sample size	7a	How sample size was determined	Page 3

	7b	When applicable, explanation of any interim analyses and stopping guidelines	<u>Page 2-3-4</u>
<b>Randomisation:</b>			
Sequence generation	8a	Method used to generate the random allocation sequence	Page 2-3-4
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	<u>Page 2-3-4</u>
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	Page 2-3-4
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Page 2-3-4
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	Page 2-3-4-8
	11b	If relevant, description of the similarity of interventions	-
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Page 5
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Page 5
<b>Results</b>			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Page 5-6
	13b	For each group, losses and exclusions after randomisation, together with reasons	N/A
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Page 5-6
	14b	Why the trial ended or was stopped	Page 5-6



Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Page5-6
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Page 5-6
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Page5-6
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	<u>Page 5-6</u>
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Page 5-6
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	<u>N/A</u>
<b>Discussion</b>			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	<u>Page 8</u>
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	<u>Page 8</u>
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	<u>Page 6-7-8</u>
<b>Other information</b>			Page 4
Registration	23	Registration number and name of trial registry	
Protocol	24	Where the full trial protocol can be accessed, if available	N/A
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	N/A