AVID

Patient Quality of Life: Baseline

days40

Date completed: ☐☐/☐☐/☐☐☐☐ (month / day / year)

☐☐-☐☐☐-☐ ☐☐☐☐ Affix Patient ID # Here seqnum40

The information in this questionnaire is extremely important. Thank you very much for taking the time to fill it out.

INSTRUCTIONS: This form is to be completed by the AVID patient without help from others (for example, with reading or translation). If this is not possible, please check this box ☐ and return the form in the envelope provided.

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. Place a √ in the box of your choice, like this: ☑. If you are unsure about how to answer a question, please give the best answer you can. If you make a mistake, erase it completely.

Section A

1. In general, would you say your health is: Place a √ in one box.

pa140

- Excellent ☐ 1
- Very Good ☐ 2
- Good ☐ 3
- Fair ☐ 4
- Poor ☐ 5

2. Compared to one year ago, how would you rate your health in general <u>now</u>? Place a √ in one box.

pa240

- Much better now than one year ago ☐ 1
- Somewhat better now than one year ago ☐ 2
- About the same as one year ago ☐ 3
- Somewhat worse now than one year ago ☐ 4
- Much worse now than one year ago ☐ 5

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rtnum40

3. The following items are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? Place a √ in one box in each row.

Activities		Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	pa3a40	☐ 1	☐ 2	☐ 3
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	pa3b40	☐ 1	☐ 2	☐ 3
Lifting or carrying groceries	pa3c40	☐ 1	☐ 2	☐ 3
Climbing **several** flights of stairs	pa3d40	☐ 1	☐ 2	☐ 3
Climbing **one** flight of stairs	pa3e40	☐ 1	☐ 2	☐ 3
Bending, kneeling, or stooping	pa3f40	☐ 1	☐ 2	☐ 3
Walking **more than a mile**	pa3g40	☐ 1	☐ 2	☐ 3
Walking **several blocks**	pa3h40	☐ 1	☐ 2	☐ 3
Walking **one block**	pa3i40	☐ 1	☐ 2	☐ 3
Bathing or dressing yourself	pa3j40	☐ 1	☐ 2	☐ 3

4. During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>? Place a √ in one box on each line.

	Yes	No	
Cut down the **amount of time** you spent on work or other activities	☐ 1	☐ 2	pa4a40
Accomplished less than you would like	☐ 1	☐ 2	pa4b40
Were limited in the **kind** of work or other activities	☐ 1	☐ 2	pa4c40
Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	pa4d40

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5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Place a √ in one box on each line.

	Yes	No	
Cut down the **amount of time** you spent on work or other activities	☐ 1	☐ 2	pa5a40
Accomplished less than you would like	☐ 1	☐ 2	pa5b40
Didn't do work or other activities as **carefully** as usual	☐ 1	☐ 2	pa5c40

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Place a √ in one box.

- Not at all ☐ 1
- Slightly ☐ 2
- Moderately ☐ 3 pa640
- Quite a bit ☐ 4
- Extremely ☐ 5

7. How much bodily pain have you had during the past 4 weeks? Place a √ in one box.

- None ☐ 1
- Very mild ☐ 2
- Mild ☐ 3
- Moderate ☐ 4 pa740
- Severe ☐ 5
- Very severe ☐ 6

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8. During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework) ? Place a √ in one box.

- Not at all ☐ 1
- A little bit ☐ 2
- Moderately ☐ 3 pa840
- Quite a bit ☐ 4
- Extremely ☐ 5

9. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>...

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time	
Did you feel full of pep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9a40
Have you been a very nervous person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9b40
Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9c40
Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9d40
Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9e40
Have you felt downhearted and blue?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9f40
Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9g40
Have you been a happy person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9h40
Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9i40

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10. During the past 4 weeks, how much of the time has your physical health or emotional problems interefered with social activities (like visiting with friends, relatives, etc.)?
Place a √ in one box.

pa1040

- All of the time ☐ 1
- Most of the time ☐ 2
- Some of the time ☐ 3
- A little of the time ☐ 4
- None of the time ☐ 5

11. How TRUE or FALSE is each of the following statements for you?
Place a √ in one box on each line.

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people.	pa11a40	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I am as healthy as anybody I know.	pa11b40	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I expect my health to get worse.	pa11c40	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My health is excellent.	pa11d40	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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This questionnaire includes the SF-36 Health Survey, item numbers 1 to 11 in this questionnaire.

SECTION B

1. In the past 3 months, have you experienced:

Cardiovascular	Yes	No	
Fast pulse (>100 bpm) or heart racing	☐ 1	☐ 2	pc140
Palpitations or flip-flopping of heart	☐ 1	☐ 2	pc240
Dizziness or near fainting	☐ 1	☐ 2	pc340
Passing out	☐ 1	☐ 2	pc440
Angina	☐ 1	☐ 2	pc540
Shortness of breath	☐ 1	☐ 2	pc640
Difficulty walking	☐ 1	☐ 2	pcdw40

Neurological	Yes	No	
Tremors or shaking of hands	☐ 1	☐ 2	pc740
Numbness or tingling	☐ 1	☐ 2	pc840
Coldness in hands/feet	☐ 1	☐ 2	pc940
Headaches	☐ 1	☐ 2	pc1040
Restlessness, nervousness	☐ 1	☐ 2	pc1140
Confusion	☐ 1	☐ 2	pc1240
Short-term memory loss	☐ 1	☐ 2	pc1340
Long-term memory loss	☐ 1	☐ 2	pc1440
Ringing in ears	☐ 1	☐ 2	pc1540

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	Yes	No	
Visual			
Blurred vision	☐ 1	☐ 2	pc1640
Halo vision or seeing lights around things	☐ 1	☐ 2	pc1740
Sensitivity to light	☐ 1	☐ 2	pc1840
Problems sleeping			
Difficulty falling asleep	☐ 1	☐ 2	pc1940
Interrupted sleep	☐ 1	☐ 2	pc2040
Insomnia	☐ 1	☐ 2	pc2140
Nightmares	☐ 1	☐ 2	pc2240
Gastrointestinal			
Nausea	☐ 1	☐ 2	pc2340
Vomitting	☐ 1	☐ 2	pc2440
Constipation	☐ 1	☐ 2	pc2540
Diarrhea	☐ 1	☐ 2	pc2640
Heartburn	☐ 1	☐ 2	pc2740
Abdominal pain	☐ 1	☐ 2	pc2840
Metallic taste in your mouth	☐ 1	☐ 2	pc2940
Dermatological			
Skin rash	☐ 1	☐ 2	pc3040
Burning or prickling of skin or eyes	☐ 1	☐ 2	pc3140
Genito-urinary			
Difficulty in urinating	☐ 1	☐ 2	pc3240
Reduced sexual activity	☐ 1	☐ 2	pc3340

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Feeling fearful about:	Yes	No		
Getting an attack	☐ 1	☐ 2		pc3440
Heart stopping	☐ 1	☐ 2		pc3540
Not being resuscitated	☐ 1	☐ 2		pc3640
Dying	☐ 1	☐ 2		pc3740
ICD firing off	☐ 1	☐ 2	3 ☐ no device	pc3840
ICD not firing off	☐ 1	☐ 2	3 ☐ no device	pc3940

Feeling particularly anxious about situations such as:	Yes	No	
A family problem	☐ 1	☐ 2	pc4040
A financial problem	☐ 1	☐ 2	pc4140
Your health	☐ 1	☐ 2	pc4240
Your future	☐ 1	☐ 2	pc4340

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Have you experienced feeling:	Yes	No	
Dependent on others	☐ 1	☐ 2	pc4440
Other people making you feel dependent	☐ 1	☐ 2	pc4540
Sad	☐ 1	☐ 2	pc4640
Hopeless	☐ 1	☐ 2	pc4740
Frustrated	☐ 1	☐ 2	pc4840
Irritable	☐ 1	☐ 2	pc4940
Disinterested in what is going on around you	☐ 1	☐ 2	pc5040
Decreased energy	☐ 1	☐ 2	pc5140
Increased energy	☐ 1	☐ 2	pc5240
Drowsiness	☐ 1	☐ 2	pc5340
Tiredness	☐ 1	☐ 2	pc5440
Feeling anxious in general	☐ 1	☐ 2	pc5540
Increased sense of well-being	☐ 1	☐ 2	pc5640
Improved confidence or outlook	☐ 1	☐ 2	pc5740

If you have experienced any concerns not addressed above, please describe:

_____

_____

_____

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Section C

1. How do you feel about your life at the present time? pb140

(Check under the number that best describes your life)

Worst Possible Life										Best Possible Life
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section D

1. The word stress is used to describe what happens when you get "hassled" or "harried," when things come crashing in on you, or when things start getting to you more than they usually do.

   On a scale from 0 (none) to 10 (a great deal), which number best represents how much stress you have been under for the past year?

(Check under the number that best describes you)

pd340

None										A Great Deal
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section E

1. During the <u>past month</u> was someone available <u>to help</u> you if you needed and wanted help (for example, if you needed someone to talk to or if you needed help with daily chores)? Place a √ in one box.

pe1040

- Yes, as much as I wanted ☐ 1
- Yes, quite a bit ☐ 2
- Yes, a fair amount ☐ 3
- Yes, a little bit ☐ 4
- No, not at all ☐ 5

For each of the following, please choose the answer that best describes how satisfied you are with that area of your life. Place a √ in one box on each line.

1. How satisfied are you with:

		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
pfs140	• Your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs240	• The health care you are receiving?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs340	• The amount of chest pain (angina) that you have?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs440	• Your ability to breathe without shortness of breath?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs540	• The amount of energy you have for everyday activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs640	• Your physical independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs740	• The amount of control you have over your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs840	• Your potential to live a long time?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs940	• Your family's health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1040	• Your children?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1140	• Your family's happiness?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1240	• Your relationship with your spouse/significant other?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1340	• Your sex life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1440	• Your friends?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1540	• The emotional support you get from others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1640	• Your ability to meet family responsibilities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1740	• Your usefulness to others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1840	• The amount of stress or worries in your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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How satisfied are you with:

		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
pfs1940	• Your home?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2040	• Your neighborhood?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2140	• Your standard of living?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2240	• Your job? (If employed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2340	• Not having a job? (If unemployed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2440	• Your education?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2540	• Your financial independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2640	• Your leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2740	• Your ability to travel on vacations?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2840	• Your potential for a happy old age/retirement?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2940	• Your peace of mind?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3040	• Your personal faith in God?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3140	• Your achievement of personal goals?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3240	• Your happiness in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3340	• Your life in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3440	• Your personal appearance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3540	• Yourself in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3640	• The changes in your life that you have had to make because of your heart problem (for example, changes in diet, physical activity and/or smoking?)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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For each of the following, please choose the answer that best describes how important that area of your life is to you. Place a √ in one box on each line.

2. How important to you is:

		Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
pfi140	• Your health?	1	2	3	4	5	6
pfi240	• Health care?	1	2	3	4	5	6
pfi340	• Being completely free of chest pain (angina)?	1	2	3	4	5	6
pfi440	• Being able to breathe without shortness of breath?	1	2	3	4	5	6
pfi540	• Having enough energy for everyday activities?	1	2	3	4	5	6
pfi640	• Your physical independence?	1	2	3	4	5	6
pfi740	• Having control over your life?	1	2	3	4	5	6
pfi840	• Living a long time?	1	2	3	4	5	6
pfi940	• Your family's health?	1	2	3	4	5	6
pfi1040	• Your children?	1	2	3	4	5	6
pfi1140	• Your family's happiness?	1	2	3	4	5	6
pfi1240	• Your relationship with your spouse/significant other?	1	2	3	4	5	6
pfi1340	• Your sex life?	1	2	3	4	5	6
pfi1440	• Your friends?	1	2	3	4	5	6
pfi1540	• The emotional support you get from others?	1	2	3	4	5	6
pfi1640	• Meeting family responsibilities?	1	2	3	4	5	6
pfi1740	• Being useful to others?	1	2	3	4	5	6
pfi1840	• Having a reasonable amount of stress or worries?	1	2	3	4	5	6

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How important to you is:

		Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
pfi1940	• Your home?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2040	• Your neighborhood?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2140	• A good standard of living?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2240	• Your job? (If employed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2340	• To have a job? (If unemployed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2440	• Your education?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2540	• Your financial independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2640	• Leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2740	• The ability to travel on vacations?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2840	• Having a happy old age/retirement?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2940	• Peace of mind?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3040	• Your personal faith in God?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3140	• Achieving your personal goals?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3240	• Your happiness in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3340	• Being satisfied with life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3440	• Your personal appearance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3540	• Yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3640	• The changes in your life that you have had to make because of your heart problem (for example, changes in diet, physical activity and/or smoking?)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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