Patient Quality of Life: 6 Month

AVID

days42

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

☐☐-☐☐☐-☐ ☐☐☐☐ Affix Patient ID # Here seqnum42

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.

Did you complete this form during your clinic visit? yes ☐ no ☐

clinic42

Section A

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

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

pa142

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

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

pa242

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rtnum42

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	pa3a42	☐ 1	☐ 2	☐ 3
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	pa3b42	☐ 1	☐ 2	☐ 3
Lifting or carrying groceries	pa3c42	☐ 1	☐ 2	☐ 3
Climbing **several** flights of stairs	pa3d42	☐ 1	☐ 2	☐ 3
Climbing **one** flight of stairs	pa3e42	☐ 1	☐ 2	☐ 3
Bending, kneeling, or stooping	pa3f42	☐ 1	☐ 2	☐ 3
Walking **more than a mile**	pa3g42	☐ 1	☐ 2	☐ 3
Walking **several blocks**	pa3h42	☐ 1	☐ 2	☐ 3
Walking **one block**	pa3i42	☐ 1	☐ 2	☐ 3
Bathing or dressing yourself	pa3j42	☐ 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	pa4a42
Accomplished less than you would like	☐ 1	☐ 2	pa4b42
Were limited in the **kind** of work or other activities	☐ 1	☐ 2	pa4c42
Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	pa4d42

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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	pa5a42
Accomplished less than you would like	☐ 1	☐ 2	pa5b42
Didn't do work or other activities as **carefully** as usual	☐ 1	☐ 2	pa5c42

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
- Quite a bit ☐ 4
- Extremely ☐ 5

pa642

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
- Severe ☐ 5
- Very severe ☐ 6

pa742

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8. During the past 4 weeks, how much did pain 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 pa842
- Quite a bit ☐ 4
- Extremely ☐ 5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. 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 past 4 weeks...

	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	pa9a42
Have you been a very nervous person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9b42
Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9c42
Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9d42
Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9e42
Have you felt downhearted and blue?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9f42
Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9g42
Have you been a happy person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9h42
Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9i42

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

- 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

pa1042

11. How TRUE or FALSE is <u>each</u> 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.	pa11a42	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I am as healthy as anybody I know.	pa11b42	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I expect my health to get worse.	pa11c42	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My health is excellent.	pa11d42	☐ 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	pc142
Palpitations or flip-flopping of heart	☐ 1	☐ 2	pc242
Dizziness or near fainting	☐ 1	☐ 2	pc342
Passing out	☐ 1	☐ 2	pc442
Angina	☐ 1	☐ 2	pc542
Shortness of breath	☐ 1	☐ 2	pc642
Difficulty walking	☐ 1	☐ 2	pcdw42

Neurological	Yes	No	
Tremors or shaking of hands	☐ 1	☐ 2	pc742
Numbness or tingling	☐ 1	☐ 2	pc842
Coldness in hands/feet	☐ 1	☐ 2	pc942
Headaches	☐ 1	☐ 2	pc1042
Restlessness, nervousness	☐ 1	☐ 2	pc1142
Confusion	☐ 1	☐ 2	pc1242
Short-term memory loss	☐ 1	☐ 2	pc1342
Long-term memory loss	☐ 1	☐ 2	pc1442
Ringing in ears	☐ 1	☐ 2	pc1542

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	Yes	No	
Visual			
Blurred vision	☐ 1	☐ 2	pc1642
Halo vision or seeing lights around things	☐ 1	☐ 2	pc1742
Sensitivity to light	☐ 1	☐ 2	pc1842
Problems sleeping			
Difficulty falling asleep	☐ 1	☐ 2	pc1942
Interrupted sleep	☐ 1	☐ 2	pc2042
Insomnia	☐ 1	☐ 2	pc2142
Nightmares	☐ 1	☐ 2	pc2242
Gastrointestinal			
Nausea	☐ 1	☐ 2	pc2342
Vomitting	☐ 1	☐ 2	pc2442
Constipation	☐ 1	☐ 2	pc2542
Diarrhea	☐ 1	☐ 2	pc2642
Heartburn	☐ 1	☐ 2	pc2742
Abdominal pain	☐ 1	☐ 2	pc2842
Metallic taste in your mouth	☐ 1	☐ 2	pc2942
Dermatological			
Skin rash	☐ 1	☐ 2	pc3042
Burning or prickling of skin or eyes	☐ 1	☐ 2	pc3142
Genito-urinary			
Difficulty in urinating	☐ 1	☐ 2	pc3242
Reduced sexual activity	☐ 1	☐ 2	pc3342

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Feeling fearful about:	Yes	No		
Getting an attack	☐ 1	☐ 2		pc3442
Heart stopping	☐ 1	☐ 2		pc3542
Not being resuscitated	☐ 1	☐ 2		pc3642
Dying	☐ 1	☐ 2		pc3742
ICD firing off	☐ 1	☐ 2	☐ 3 no device	pc3842
ICD not firing off	☐ 1	☐ 2	☐ 3 no device	pc3942

Feeling particularly anxious about situations such as:	Yes	No	
A family problem	☐ 1	☐ 2	pc4042
A financial problem	☐ 1	☐ 2	pc4142
Your health	☐ 1	☐ 2	pc4242
Your future	☐ 1	☐ 2	pc4342

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Have you experienced feeling:	Yes	No	
Dependent on others	☐ 1	☐ 2	pc4442
Other people making you feel dependent	☐ 1	☐ 2	pc4542
Sad	☐ 1	☐ 2	pc4642
Hopeless	☐ 1	☐ 2	pc4742
Frustrated	☐ 1	☐ 2	pc4842
Irritable	☐ 1	☐ 2	pc4942
Disinterested in what is going on around you	☐ 1	☐ 2	pc5042
Decreased energy	☐ 1	☐ 2	pc5142
Increased energy	☐ 1	☐ 2	pc5242
Drowsiness	☐ 1	☐ 2	pc5342
Tiredness	☐ 1	☐ 2	pc5442
Feeling anxious in general	☐ 1	☐ 2	pc5542
Increased sense of well-being	☐ 1	☐ 2	pc5642
Improved confidence or outlook	☐ 1	☐ 2	pc5742

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? pb142

(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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2. In the past four weeks, has your heart rhythm problem

pb542

- Prevented you from driving ☐ 1
- Reduced the amount of driving you do ☐ 2
- Had no impact on your driving ☐ 3
- Did not drive prior to heart rhythm problem ☐ 4

3. Over the <u>past 4 weeks</u>, how much has your heart rhythm problem interfered with your enjoyment of life?

pb842

- It has severely limited my enjoyment of life ☐ 1
- It has moderately limited my enjoyment of life ☐ 2
- It has slightly limited my enjoyment of life ☐ 3
- It has barely limited my enjoyment of life ☐ 4
- It has not limited my enjoyment of life ☐ 5

4. If you had to spend the rest of your life with your heart rhythm problem the way it is right now, how would you feel about this?

- Not satisfied at all ☐ 1
- Mostly dissatisfied ☐ 2
- Somewhat satisfied ☐ 3
- Mostly satisfied ☐ 4
- Highly satisfied ☐ 5

pb942

5 How often do you worry that you may die suddenly?

- I can't stop worrying about it ☐ 1
- I often think or worry about it ☐ 2
- I occasionally worry about it ☐ 3
- I rarely think or worry about it ☐ 4
- I never think or worry about it ☐ 5

pb1042

6. Over the <u>past 4 weeks</u>, how much has your heart condition limited your ability to have sexual intercouse?

- I have been severely limited ☐ 1
- I have been moderately limited ☐ 2
- I have been somewhat limited ☐ 3
- I have been a little limited ☐ 4
- I have not been limited ☐ 5
- No opportunity, or did not do for other reasons ☐ 6

pb1142

7. Has your physician asked you to reduce your activities in the following areas?

	Yes	No	
Work	☐ 1	☐ 2	pb13a42
Driving	☐ 1	☐ 2	pb13b42
Amount of physical activity	☐ 1	☐ 2	pb13c42

8. Are you currently participating in a support group related to your heart rhythm problem?

Yes ☐ 1

pe1242

No ☐ 2

9. Are you currently participating in a cardiac rehabilitation program related to your heart rhythm problem?

Yes ☐ 1

pe1342

No ☐ 2

Section D

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
pfs142	• Your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs242	• The health care you are receiving?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs342	• The amount of chest pain (angina) that you have?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs442	• Your ability to breathe without shortness of breath?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs542	• The amount of energy you have for everyday activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs642	• Your physical independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs742	• The amount of control you have over your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs842	• Your potential to live a long time?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1342	• Your sex life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1642	• Your ability to meet family responsibilities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1742	• Your usefulness to others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1842	• The amount of stress or worries in your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2642	• Your leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2742	• Your ability to travel on vacations?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2842	• Your potential for a happy old age/retirement?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3642	• 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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How satisfied are you with:

		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	
pfs3742	• The number of medications you are taking for your heart rhythm problem?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3842	• How the treatment has affected your appearance? . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3942	• The effectiveness of your medical treatment?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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
pfi142	• Your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi242	• Health care?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi342	• Being completely free of chest pain (angina)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi442	• Being able to breathe without shortness of breath?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi542	• Having enough energy for everyday activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi642	• Your physical independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi742	• Having control over your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi842	• Living a long time?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1342	• Your sex life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1642	• Meeting family responsibilities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1742	• Being useful to others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1842	• Having a reasonable amount of stress or worries?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2642	• Leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2742	• The ability to travel on vacations?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2842	• Having a happy old age/retirement?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3642	• 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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