AVID

Patient Quality of Life: 3 Month

days41

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

☐☐-☐☐☐-☐ ☐☐☐☐
Affix Patient ID # Here

seqnum41

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 ☐

clinic41

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

pa141

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

pa241

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rtnum41

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	pa3a41	☐ 1	☐ 2	☐ 3
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	pa3b41	☐ 1	☐ 2	☐ 3
Lifting or carrying groceries	pa3c41	☐ 1	☐ 2	☐ 3
Climbing **several** flights of stairs	pa3d41	☐ 1	☐ 2	☐ 3
Climbing **one** flight of stairs	pa3e41	☐ 1	☐ 2	☐ 3
Bending, kneeling, or stooping	pa3f41	☐ 1	☐ 2	☐ 3
Walking **more than a mile**	pa3g41	☐ 1	☐ 2	☐ 3
Walking **several blocks**	pa3h41	☐ 1	☐ 2	☐ 3
Walking **one block**	pa3i41	☐ 1	☐ 2	☐ 3
Bathing or dressing yourself	pa3j41	☐ 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	pa4a41
Accomplished less than you would like	☐ 1	☐ 2	pa4b41
Were limited in the **kind** of work or other activities	☐ 1	☐ 2	pa4c41
Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	pa4d41

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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	pa5a41
Accomplished less than you would like	☐ 1	☐ 2	pa5b41
Didn't do work or other activities as **carefully** as usual	☐ 1	☐ 2	pa5c41

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 pa641
- 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 pa741
- Severe ☐ 5
- Very severe ☐ 6

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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 pa841
- 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	pa9a41
Have you been a very nervous person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9b41
Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9c41
Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9d41
Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9e41
Have you felt downhearted and blue?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9f41
Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9g41
Have you been a happy person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9h41
Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9i41

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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.

All of the time	☐ 1	pa1041
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.	pa11a41	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I am as healthy as anybody I know.	pa11b41	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I expect my health to get worse.	pa11c41	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My health is excellent.	pa11d41	☐ 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	pc141
Palpitations or flip-flopping of heart	☐ 1	☐ 2	pc241
Dizziness or near fainting	☐ 1	☐ 2	pc341
Passing out	☐ 1	☐ 2	pc441
Angina	☐ 1	☐ 2	pc541
Shortness of breath	☐ 1	☐ 2	pc641
Difficulty walking	☐ 1	☐ 2	pcdw41

Neurological	Yes	No	
Tremors or shaking of hands	☐ 1	☐ 2	pc741
Numbness or tingling	☐ 1	☐ 2	pc841
Coldness in hands/feet	☐ 1	☐ 2	pc941
Headaches	☐ 1	☐ 2	pc1041
Restlessness, nervousness	☐ 1	☐ 2	pc1141
Confusion	☐ 1	☐ 2	pc1241
Short-term memory loss	☐ 1	☐ 2	pc1341
Long-term memory loss	☐ 1	☐ 2	pc1441
Ringing in ears	☐ 1	☐ 2	pc1541

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	Yes	No	
Visual			
Blurred vision	☐ 1	☐ 2	pc1641
Halo vision or seeing lights around things	☐ 1	☐ 2	pc1741
Sensitivity to light	☐ 1	☐ 2	pc1841
Problems sleeping			
Difficulty falling asleep	☐ 1	☐ 2	pc1941
Interrupted sleep	☐ 1	☐ 2	pc2041
Insomnia	☐ 1	☐ 2	pc2141
Nightmares	☐ 1	☐ 2	pc2241
Gastrointestinal			
Nausea	☐ 1	☐ 2	pc2341
Vomitting	☐ 1	☐ 2	pc2441
Constipation	☐ 1	☐ 2	pc2541
Diarrhea	☐ 1	☐ 2	pc2641
Heartburn	☐ 1	☐ 2	pc2741
Abdominal pain	☐ 1	☐ 2	pc2841
Metallic taste in your mouth	☐ 1	☐ 2	pc2941
Dermatological			
Skin rash	☐ 1	☐ 2	pc3041
Burning or prickling of skin or eyes	☐ 1	☐ 2	pc3141
Genito-urinary			
Difficulty in urinating	☐ 1	☐ 2	pc3241
Reduced sexual activity	☐ 1	☐ 2	pc3341

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Feeling fearful about:	Yes	No		
Getting an attack	☐ 1	☐ 2		pc3441
Heart stopping	☐ 1	☐ 2		pc3541
Not being resuscitated	☐ 1	☐ 2		pc3641
Dying	☐ 1	☐ 2		pc3741
ICD firing off	☐ 1	☐ 2	☐ 3 no device	pc3841
ICD not firing off	☐ 1	☐ 2	☐ 3 no device	pc3941

Feeling particularly anxious about situations such as:	Yes	No	
A family problem	☐ 1	☐ 2	pc4041
A financial problem	☐ 1	☐ 2	pc4141
Your health	☐ 1	☐ 2	pc4241
Your future	☐ 1	☐ 2	pc4341

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Have you experienced feeling:	Yes	No	
Dependent on others	☐ 1	☐ 2	pc4441
Other people making you feel dependent	☐ 1	☐ 2	pc4541
Sad	☐ 1	☐ 2	pc4641
Hopeless	☐ 1	☐ 2	pc4741
Frustrated	☐ 1	☐ 2	pc4841
Irritable	☐ 1	☐ 2	pc4941
Disinterested in what is going on around you	☐ 1	☐ 2	pc5041
Decreased energy	☐ 1	☐ 2	pc5141
Increased energy	☐ 1	☐ 2	pc5241
Drowsiness	☐ 1	☐ 2	pc5341
Tiredness	☐ 1	☐ 2	pc5441
Feeling anxious in general	☐ 1	☐ 2	pc5541
Increased sense of well-being	☐ 1	☐ 2	pc5641
Improved confidence or outlook	☐ 1	☐ 2	pc5741

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? pb141

(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

- 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

pb541

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

- 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

pb841

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

pb941

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

pb1041

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

pb1141

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

	Yes	No	
Work	☐ 1	☐ 2	pb13a41
Driving	☐ 1	☐ 2	pb13b41
Amount of physical activity	☐ 1	☐ 2	pb13c41

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

Yes ☐ 1

No ☐ 2

pe1241

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

Yes ☐ 1

No ☐ 2

pe1341

10. What is your current annual family income? Place a √ in one box.

$0 - $9,999	☐ 1
$10,000 - $19,999	☐ 2
$20,000 - $29,999	☐ 3
$30,000 - $39,999	☐ 4
$40,000 - $49,999	☐ 5
$50,000 - $74,999	☐ 6
$75,000 +	☐ 7
Prefer not to answer	☐ 8

income41