WORKING COPY

WISE ID: _____

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Name Code: ___ ___ ___ ___ ___

PQDAT

Date: _____/_____/_____
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WISE
PITTSBURGH SYMPTOM QUESTIONNAIRE

PQ

1. In the last **12 months** have you felt any of the following uncomfortable sensations or feelings in the upper part of your body that you could not explain or understand?:

		Yes 1	No 0	If yes, where? (Circle any that apply)
1.1	Pain PQPN	( )	( )	PNCHS PNSDR PNARM PNNCK PNHD PNBCK (Chest, shoulder, arm, neck, hand, back)
1.2	Pressure PQPRS	( )	( )	PRCHS PRSDR PRARM PRNCK PRHD PRBCK (Chest, shoulder, arm, neck, hand, back)
1.3	Tightness	( )	( )	TGCHS TGSDR TGARM TGNCK TGHD TGBCK (Chest, shoulder, arm, neck, hand, back)
1.4	Numbness PQNUM	( )	( )	NMCHS NMSDR NMARM NMNCK NMHD NMBCK (Chest, shoulder, arm, neck, hand, back)
1.5	Aching	( )	( )	ACCHS ACSDR ACARM ACNCK ACHD ACBCK (Chest, shoulder, arm, neck, hand, back)
1.6	Heaviness PQHV	( )	( )	HVCHS HVSDR HVARM HVNCK HVHD HVBCK (Chest, shoulder, arm, neck, hand, back)
1.7	Burning PQBRN	( )	( )	BRCHS BRSDR BRARM BRNCK BRHD BRBCK (Chest, shoulder, arm, neck, hand, back)
1.8	Fluttering	( )	( )	FLCHS FLBCK (Chest, back)
1.9	Indigestion	( )	( )	INCHS INABD INBCK (Chest, abdomen, back)
1.10	General Discomfort	( )	( )	GDCHS GDSDR GDARM GDNCK GDHD GDBCK (Chest, shoulder, arm, neck, hand, back)

1.11 If you checked more than one sensation above, do you generally have all of these sensations each time you feel uncomfortable? 1 ( ) Yes 0 ( ) No

ALLSN

SN12M

2. On average, how often have you felt these sensations in the past **12 months**?

1 ( ) Every Day 2 ( ) Every Week 3 ( ) Every Month SENSE

2.1 Number of Times/Week 1-21	2.2 Number of Times/Month 1-31
TMWK	TMMO

3. In general, how long do the sensations last? LST60 LST60

1 ( ) Less than a minute
2 ( ) 1-5 minutes
3 ( ) 5-20 minutes
4 ( ) 20-60 minutes
5 ( ) More than 60 minutes

4. What activity or movement relieves the uncomfortable sensation?

ACTR1 _____

ACTR2 _____

5. When you experience the MOST uncomfortable sensations would you be able to do the following things for **yourself and/or your family**?

		No, Not at all able 0	ABLE Yes, Somewhat able 1	Yes, Very able 2
5.1	WKFLT Walk on flat or level ground?	()	()	()
5.2	BATHE Bathe or dress yourself?	()	()	()
5.3	COOK Cooking or preparing a meal?	()	()	()
5.4	DRIVE Drive a car?	()	()	()
5.5	LAUHW Do laundry or housework?	()	()	()
5.6	GARDN Garden?	()	()	()
5.7	SHOP Shop with friends or family?	()	()	()
5.8	CARRY Carry a child or groceries?	()	()	()
5.9	WKUPH Walk uphill or climb stairs?	()	()	()
5.10	PLAY Play with a child?	()	()	()