Patient Study #: _____

TACT EQOL variablename {datatype} <codel< th=""><th>list name></th></codel<>	list name>
Baseline Quality of Life Questionnaire	Patient Initials: Display: INITIA
FOR STUDY COORDINATOR COMPLETION	
FINAL QUESTIONNAIRE STATUS: Completed qstatb {integer} Not Done	REASON FOR NOT DONE: missreasb {integer} <vlumissreasb> Patient died Other: Specify: missoth {varchar 200}</vlumissreasb>

The following questions are about your overall health and recent activities. Please check (\checkmark) your choice for each question. The numbers beside each answer are there simply to help us record the information. Do not worry about them. Answer each question as best you can. This information is <u>confidential and will not be released to anyone without your permission</u>.

DATE QUESTIONNAIRE ADMINISTERED: / / qxdt {date}

1. In general, would you say your health is:

Annotation Markings

- Excellent sfgenhl {integer}<vlusfgen>
- \Box , Very Good
- **D**, Good
- □, Fair
- \Box_{5} Poor

2. Compared to one year ago, how would you rate your health in general now?

- \Box_1 Much better now than one year ago
- sfratehl {integer} <vlusfratehl>
- \square_2 Somewhat better now than one year ago
- \square_{3} About the same
- \Box_4 Somewhat worse now than one year ago
- \square_{5} Much worse now than one year ago
- 3. Which of the following statements describes the way you were in the past month?
- □ My health allowed me to do anything I wanted to do. <u>ghslfsas {integer}<vluslfsas></u>
- \square_{2} My health allowed me to do almost anything I wanted to do.
- \square_{3} I had trouble doing some ordinary activities.
- \square_4 I had trouble doing almost anything.
- 4. In the <u>past six weeks</u>, about how many days did you stay in bed (while at home) for all or most of the day because of your health?
- 5. Not counting the days you had to stay in bed, <u>in the past six weeks</u>, about how many days did you have to cut down on your usual activities because of your health? #<u>ghcutact {integer}</u>

The next set of questions are about any physical limitations you might have had <u>in the past month</u>. For each question, please rate whether you are physically able to do one or more of the activities <u>without</u> <u>difficulty</u>, <u>with some difficulty</u>, <u>you couldn't do it</u>, or <u>you don't do it for other reasons (NA)</u>.

Could you	Yes, with no <u>difficulty</u>	Yes, but with some <u>difficulty</u>	No, I couldn't <u>do this</u>	<u>NA</u>
 6. take care of yourself, that is, eating, dressing, bathing, and using the toilet?	1 1	2 2	3 3	7 7
 dasiwlki {integer} <vludasi></vludasi> 8. walk a block or two on level ground?	1	2	3	7

For some of the following activity questions, there will be more than one activity mentioned like climb a flight of stairs <u>or</u> walk up a hill. Answer each question according to the one activity you can do <u>best</u>.

Cauld you	Yes, with no <u>difficulty</u>	Yes, but with some <u>difficulty</u>	No, I couldn't <u>do this</u>	<u>NA</u>
Could you	4	•	•	-
9. climb a flight of stairs or walk up a hill?	1	2	3	1
dasistrs {integer} <vludasi> 10. run a short distance?</vludasi>	1	2	3	7
dasirun {integer} <vludasi></vludasi>			-	
 11. do light work around the house like dusting or washing dishes?	1	2	3	7
 12. do moderate work around the house like vacuuming, sweeping floors, or carrying in groceries?	1	2	3	7
13. do heavy work around the house like scrubbing floors or lifting or moving heavy furniture? dasihvhs {integer} <vludasi></vludasi>	1	2	3	7
14. do yard work like raking leaves, weeding, or pushing a power mower?	1	2	3	7
<pre>dasiyard {integer} <vludasi> 15. have sexual relations?</vludasi></pre>	1	2	3	7
 13. have sexual relations?	1	2	3	7
17. participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing?dasispor {integer} <vludasi></vludasi>	1	2	3	7

The next questions are about you, your household, work and daily activities.

18. What is the highest grade (# of years) you completed in school? (Circle one.)

dmeducat {integer} <vludmeducat>

0								
1	2	3	4	5	6	7	8	
9	10	11	12	Equ	uivale	ncy C	ertific	ate
13	14	15	16					
17	18	19	20	21	+			

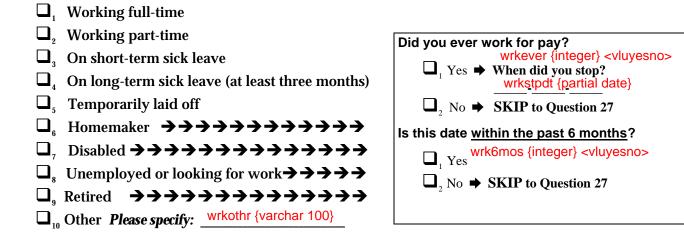
19. Are you presently: dmmaried {integer} <vludmmaried>

- \Box_1 Married or living as married
- \square_2 Divorced
- \square_3 Separated
- \Box_4 Widowed
- \Box_5 Never Married

20. How many individuals are presently living in your household?dmhhnum {integer} <vludmhhnum>

- **1**, 3
- \Box_5 5 or more

21. Which one of the following best describes your current working status? wrkstat {integer} <vluwrkstat>



22. Are you planning to return to work? wrkretrn {integer} <vluYesNoDK>

- \Box_1 Yes
- \Box_2 No
- \square_3 Don't Know
- 23. What kind of work did you do for pay in the <u>past six months?</u> Main Job: <u>wrkmnjob {varchar 200}</u>

24. What were the most important activities or duties of your main job? Examples: Drive truck, Operate tool and dye machine, Supervise road crew.

wrkduty {varchar 200}

- 25. Which best describes how you are (or were) paid?wrkhowpd {integer} <vluwrkhowpd>
 - \Box Hourly wages
 - \Box , Annual/Monthly salary
 - Work on commission or tips
 - Self-employed on own business, professional practice or farm
 - \Box_{ϵ} Work in family business or farm
- 26. During the time you worked, how many hours per week did you usually work at your job?

wrknhrs {integer}

27. 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 your physical health?

(circle one number on each line)

		Yes	No
a.	Cut down on the amount of time you spent on work or other activities sfphcutw {integer} <vluyesno></vluyesno>	1	2
b.	Accomplished less than you would like	1	2
c.	Were limited in the kind of work or other activities	1	2
d.	Had difficulty performing the work or other activities (for example, it took		
	extra effort) sfphdiff {integer} <vluyesno></vluyesno>	1	2

28. 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)?

(circle one number on each line)

		Yes	No
	Cut down the amount of time you spent on work or other activities		
b.	sfemcutw {integer} <vluyesno> Accomplished less than you would like</vluyesno>	1	2
c.	sfemaccl {integer} <vluyesno> Didn't do work or other activities as carefully as usual sfemslop {integer} <vluyesno></vluyesno></vluyesno>	1	2

29. 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?

sfextent {integer} <vlusfextent>

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

30. How much bodily pain have you had during the past 4 weeks?

- None sfbodypn {integer} <vlusfbodypn>
- , Very mild

- **D**. Moderate
- \Box_{ε} Severe
- \Box_6 Very severe
- 31. 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)? _{sfpainin {integer} <vlusfpainin>}
 - \Box_1 Not at all
 - \Box_2 A little bit
 - \Box_3 Moderately
 - \Box_4 Quite a bit
 - \Box_{5} Extremely

The following questions refer to your angina, chest pain or chest tightness:

- 32. <u>Compared with 4 weeks ago</u>, how often do you have chest pain, chest tightness or angina when doing your most strenuous level of activity? _{sacpstrn {integer} <vlusacpstrn>} I have had chest pain, chest tightness, or angina...
 - \square_1 Much more often
 - \square_2 Slightly more often
 - \square_3 About the same
 - \Box_4 Slightly less often
 - \Box_5 Much less often
 - \square_6 I've had no chest pain over the last 4 weeks.
- 33. Over the <u>past 4 weeks</u>, on average, how many times have you had chest pain, chest tightness, or angina?

I get chest pain, chest tightness, or angina... sacpavg {integer} <vlusahowmany>

- \Box_1 4 or more times per day
- \Box_{2} 1-3 times per day
- \square_3 3 or more times per week, but not every day
- \Box_4 1-2 times per week
- \Box_5 Less than once a week
- \Box_6 None over the past 4 weeks
- 34. Over the <u>past 4 weeks</u>, how many times have you had to take nitroglycerin (nitroglycerin tablets or spray) for your *chest pain, chest tightness*, or *angina*?sanitros {integer} <vlusahowmany> I take nitros....
 - \Box_1 4 or more times per day
 - \Box_2 1-3 times per day
 - \square_{3} 3 or more times per week, but not every day
 - \square_4 1-2 times per week
 - \Box_5 Less than once a week
 - \Box_6 None over the past 4 weeks

saworry {integer} <vlusaworry>

- 35. Over the <u>past 4 weeks</u>, how much has your *chest pain, chest tightness, or angina* limited your enjoyment of life? saenjoy {integer} <vlusaenjoy>
 - □ It has severely limited my enjoyment of life
 - \square_2 It has moderately limited my enjoyment of life
 - \Box_3 It has slightly limited my enjoyment of life
 - \Box_{4} It has barely limited my enjoyment of life
 - \Box_{s} It has not limited my enjoyment of life
- 36. If you had to spend the rest of your life with your *chest pain, chest tightness, or angina* the way it is right now, how would you feel about this?sasatisf {integer} <vlusasatisf>
 - \Box_1 Not satisfied at all
 - \Box_2 Mostly dissatisfied
 - \Box_3 Somewhat satisfied
 - \Box_{4} Mostly satisfied
 - \Box_5 Highly satisfied

37. How often do you worry that you may have a heart attack or die suddenly?

- \Box_1 I can't stop worrying about it
- \square_2 I often think or worry about it
- \Box_3 I occasionally worry about it
- \Box_4 I rarely think or worry about it
- \Box_5 I never think or worry about it

The next questions ask for your views about your health. If you are unsure about how to answer a question, please give the best answer you can.

38. These questions are about how you feel and how things have been with you <u>during the past 4</u> <u>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 past 4 weeks . . .

field much of the time during the <u>pace</u>	HOOKO					
	All	Most	A Good	Some	A Little	None
	of the	of the	Bit of	of the	of the	of the
	<u>Time</u>	<u>Time</u>	<u>the Time</u>	<u>Time</u>	<u>Time</u>	<u>Time</u>
a. did you feel full of pep? sfflpep {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
b. have you been a very nervous person?	1	2	3	4	5	6
sfflnerv {integer} <vlusffl> c. have you felt so down in the dumps nothing could cheer you up?</vlusffl>	1	2	3	4	5	6
sffldown {integer} <vlusffl> d. have you felt calm and peaceful?</vlusffl>	1	2	3	4	5	6
sflcalm {integer} <vlusffl></vlusffl>	1	~	5	4	5	U
e. did you have a lot of energy?	1	2	3	4	5	6
sfflnrgy {integer} <vlusffl></vlusffl>						
f. have you felt downhearted and blue? .	1	2	3	4	5	6
sfflblue {integer} <vlusffl></vlusffl>						
g. did you feel worn out?	1	2	3	4	5	6
sfflworn {integer} <vlusffl></vlusffl>						
h. have you been a happy person?	1	2	3	4	5	6
sfflhapy {integer} <vlusffl></vlusffl>						
i. did you feel tired?	1	2	3	4	5	6
sffltird {integer} <vlusffl></vlusffl>						

- 39. During the <u>past month</u>, how much of the time has your <u>physical health or any emotional</u> <u>problems</u> limited your social activities (like visiting with friends, close relatives, etc.)?
 - \Box_1 All of the time

 \Box , Most of the time

- \Box , Some of the time
- \Box_{\star} A little of the time
- \Box_5 None of the time
- 40. The following items are about activities you might do during a typical day. Does <u>your health</u> <u>now limit you</u> in these activities?

If so, how much? (circle one number on each line)

		Yes, Limited A Lot	Yes, Limited A Little	No, Not limited At All
a.	Vigorous activities, such as lifting heavy objects, participating in strenuous sports	1	2	3
b.	sfactvig {integer} <vlusfact> Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf sfactmod {integer} <vlusfact></vlusfact></vlusfact>	1	2	3
c.	Lifting or carrying groceries sfactgro {integer} <vlusfact></vlusfact>	1	2	3
d.	Climbing several flights of stairssfactsts {integer} <vlusfact></vlusfact>	1	2	3
	Climbing one flight of stairs sfactsto {integer} <vlusfact></vlusfact>	1	2	3
f.	Bending, kneeling, or stoopingsfactknl {integer} <vlusfact></vlusfact>	1	2	3
g.	Walking more than a mile sfactwmi {integer} <vlusfact></vlusfact>	1	2	3
h.		1	2	3
i.	Walking one block sfactwbk {integer} <vlusfact></vlusfact>	1	2	3
j.	Bathing or dressing yourself sfactbat {integer} <vlusfact></vlusfact>	1	2	3

41. Please choose the answer that best describes how <u>true</u> or <u>false</u> each of the following statements is for you. (*Circle one number on each line.*)

	Definitely <u>True</u>	Mostly <u>True</u>	Not <u>Sure</u>	Mostly <u>False</u>	Definitely <u>False</u>
 a. I seem to get sick a little easier than other people . sfgetsik {integer} <vlusfqx></vlusfqx> 	1	2	3	4	5
b. I am as healthy as anybody I know sfhealth {integer} <vlusfqx></vlusfqx>	1	2	3	4	5
<pre>c. I expect my health to get worsesfworse {integer} <vlusfqx></vlusfqx></pre>	1	2	3	4	5
<pre>d. My health is excellent sfexhlth {integer} <vlusfqx></vlusfqx></pre>	1	2	3	4	5

- 42. The next statements are about overall health. In each group below, please place a check (☑) in one box to indicate which statement best describes your own health state <u>today</u>.
- a. Mobility: euromobl {integer} <vlueuromobl>
- \Box_1 I have no problems in walking about
- \square_2 I have some problems in walking about
- \Box_3 I am confined to bed
- b. Self-care: eurocare {integer} <vlueurocare>
- \Box_1 I have no problems with self-care
- \square_2 I have some problems washing or dressing myself
- \square_3 I am unable to wash or dress myself
- c. Usual activities (i.e. work, study, housework, family or leisure activities): euroact {integer} <vlueuroact>
- \Box_1 I have no problems with performing my usual activities
- \Box_{2} I have some problems with performing my usual activities
- \square_3 I am unable to perform my usual activities
- d. Pain/Discomfort: europain {integer} <vlueuropain>
- \square_1 I have no pain or discomfort
- \Box_2 I have moderate pain or discomfort
- \square_{3} I have extreme pain or discomfort
- e. Anxiety/Depression: eurodepr {integer} <vlueurodepr>
- \Box_1 I am not anxious or depressed
- \Box_2 I am moderately anxious or depressed
- \square_3 I am extremely anxious or depressed
- 43. We would like you to indicate how good or bad your own health is <u>today</u>, in your opinion. On a scale of 0 to 100, with 0 as the worst imaginable health and 100 being the best, what number indicates how good or bad your current health state is today? #<u>rate100 {integer}</u>

Lastly, we would also like to ask your total household income level. It will not affect your medical care in any way; it's strictly for demographic purposes for this study.

- 44. Roughly how much income from all sources (including earnings, pensions, investments, etc.) did your household have last year (before taxes)? dmhhincm {integer} <vludmhhincm>
 - **1** \$10,000 or less
 - □, \$10,001 to \$20,000
 - □, \$20,001 to \$30,000
 - **\$30,001 to \$45,000**
 - □ \$45,001 to \$60,000
 - □₆ \$60,001 or greater

Thank you very much for completing this questionnaire.

Annotation Markings



Follow-up Quality of Life Questionnaire

Patient Initials: Display: INITIA

intrvl {integer} <vluintrvl>

Interval: 6 months 12 months 24 months

 □ Patient Integer (viul itosic) □ Proxy IF PROXY, SPECIFY RELATIONSHIP: Specify: _prxrel {integer} <vluprxrel></vluprxrel> RESIDENCE (of pt at time Summary Completed): □ Community / Outpatient Clinic residenc {integer} vluresidenc> □ Acute Care (in-pt hosp) □ Nursing Home □ Rehab Institution □ COMMENT: 	ge barrier n not conducive for phone call refused Specify: <u>missoth {varchar 200}</u> to locate/contact patient (UTL/UTC) W-UP STATUS IF UTL/UTC: fustat {integer} <vlufustat></vlufustat>
INTERVIEWER: intrvwr {varchar 3}	

The following questions are about your overall health and recent activities. Please check (\checkmark) your choice for each question. The numbers beside each answer are there simply to help us record the information. Do not worry about them. Answer each question as best you can. This information is confidential and will not be released to anyone without your permission.

DATE QUESTIONNAIRE ADMINISTERED: _________

- 1. In general, would you say your health is:sfgenhl {integer}<vlusfgen>
- \Box_1 Excellent
- \Box_2 Very Good
- \Box_3 Good
- □₄ Fair
- \Box_5 Poor
- 2. Compared to one year ago, how would you rate your health in general now?
- □ Much better now than one year ago sfratehl {integer} <vlusfratehl>
- \Box_2 Somewhat better now than one year ago
- \square_{3} About the same
- $\square_{_{\!\!\!\!\!4}}\,$ Somewhat worse now than one year ago
- $\square_{_5}$ Much worse now than one year ago

- 3. Which of the following statements describes the way you were in the past month?
- \Box_1 My health allowed me to do anything I wanted to do.

ghslfsas {integer}<vluslfsas>

- \square_2 My health allowed me to do almost anything I wanted to do.
- \square_3 I had trouble doing some ordinary activities.
- \square_4 I had trouble doing almost anything.
- 4. In the <u>past six weeks</u>, about how many days did you stay in bed (while at home) for all or most of the day because of your health? <u># ghbedrst {integer}</u>
- Not counting the days you had to stay in bed, <u>in the past six weeks</u>, about how many days did you have to cut down on your usual activities because of your health? <u># ghcutact {integer}</u>

The next set of questions are about any physical limitations you might have had <u>in the past month</u>. For each question, please rate whether you are physically able to do one or more of the activities <u>without</u> <u>difficulty</u>, with some difficulty, you couldn't do it, or you don't do it for other reasons (NA).

Could	you	Yes, with no <u>difficulty</u>	Yes, but with some <u>difficulty</u>	No, I couldn't <u>do this</u>	<u>NA</u>
6.	take care of yourself, that is, eating, dressing, bathing, and using the toilet? dasiself {integer} <vludasi></vludasi>	1	2	3	7
7.	walk indoors, such as around your house? dasiwlki {integer} <vludasi></vludasi>	1	2	3	7
8.	walk a block or two on level ground? dasiwlko {integer} <vludasi></vludasi>	1	2	3	7

For some of the following activity questions, there will be more than one activity mentioned like climb a flight of stairs <u>or</u> walk up a hill. Answer each question according to the one activity you can do <u>best</u>.

Could you	Yes, with no <u>difficulty</u>	Yes, but with some <u>difficulty</u>	No, I couldn't <u>do this</u>	<u>NA</u>
9. climb a flight of stairs or walk up a hill?	1	2	3	7
dasistrs {integer} <vludasi> 10. run a short distance? dasirun {integer} <vludasi></vludasi></vludasi>	1	2	3	7
11. do light work around the house like dusting or washing dishes? dasilths {integer} <vludasi></vludasi>	1	2	3	7
12. do moderate work around the house like vacuuming, sweeping floors, or carrying in groceries? dasimdhs {integer} <vludasi></vludasi>	1	2	3	7
 13. do heavy work around the house like scrubbing floors or lifting or moving heavy furniture?	1	2	3	7
14. do yard work like raking leaves, weeding, or pushing a power mower?	1	2	3	7
dasiyard {integer} <vludasi> 15. have sexual relations?</vludasi>	1	2	3	7
 dasisex {integer} <vludasiref></vludasiref> 16. participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a 				
baseball or football?dasimdrc {integer} <vludasi></vludasi>	1	2	3	7
 17. participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing? dasispor {integer} <vludasi></vludasi> 	1	2	3	7

2

The next questions are about you, your work and daily activities.

18. Which one of the following best describes your working status NOW? wrkstat {integer} <vluwrkstat>

- \Box_1 Working full-time
- \square_2 Working part-time
- \square_{3} On short-term sick leave
- \square_4 On long-term sick leave (at least three months)
- \Box_5 Temporarily laid off
- \Box_6 Homemaker
- \Box_{τ} Disabled
- \square_{s} Unemployed or looking for work
- \Box_{9} Retired
- **D**₁₀ Other **Please specify:** <u>wrkothr {varchar 100}</u>
- 19. <u>Since the time of last contact</u>, have you resumed working, stopped working or changed jobs or the type of work you do (for example, work more or fewer hours, take a desk job, quit a second job, retire)?

	What changed (check as many as apply)?		
wrkch {integer} <vluyesno></vluyesno>		Stopped working because of my healthDate: wrkchstphdt {par	tial date}
$\Box_{1} Yes \rightarrow \rightarrow$		Stopped working for some other reasonDate: wrkchstpodt {part	ial date}
		Resumed working	al date}
wrkchstph {integer} <vluyesno></vluyesno>		Working more hours wrkchmor {integer} <vluyesno></vluyesno>	
wrkchstpo {integer} <vluyesno></vluyesno>		Working fewer hours wrkchles {integer} <vluyesno></vluyesno>	
wrkchres {integer} <vluyesno></vluyesno>		Doing more strenuous work wrkchmstren {integer} <vluyesno></vluyesno>	
	\Box_7	Doing less strenuous work wrkchlstren {integer} <vluyesno></vluyesno>	
		Went on long or short term sick leave wrkchsck {integer} <vluye< th=""><th>sno></th></vluye<>	sno>
	D ₉	Temporarily laid off wrkchoff {integer} <vluyesno></vluyesno>	
wrkchoth {integer} <vluyesno:< th=""><th>> 🗖 10</th><th>Other: wrkchotx {varchar100}</th><th></th></vluyesno:<>	> 🗖 10	Other: wrkchotx {varchar100}	

20. During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(circle one number on each line)

		Yes	No
a.	Cut down on the amount of time you spent on work or other activities	1	2
b.	sfphcutw {integer} <vluyesno> Accomplished less than you would like</vluyesno>	1	2
c.	Were limited in the kind of work or other activities	1	2
d.	sfphlimt {integer} <vluyesno> Had difficulty performing the work or other activities (for example, it took</vluyesno>		
	extra effort)sfphdiff {integer} <vluyesno></vluyesno>	1	2

21. During the <u>past 4 weeks</u>, 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)?

(circle one number on each line)

		Yes	No
a.	Cut down the amount of time you spent on work or other activities sfemcutw {integer} <vluyesno></vluyesno>	1	2
b.	Accomplished less than you would like	1	2
c.	Didn't do work or other activities as carefully as usual	1	2
	sfemslop {integer} <vluyesno></vluyesno>		

22. During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

sfextent {integer} <vlusfextent>

- \Box_1 Not at all
- \Box_2 Slightly
- \Box_3 Moderately
- \Box_4 Quite a bit
- \Box_5 Extremely

23. How much bodily pain have you had during the past 4 weeks? sfbodypn {integer} <vlusfbodypn>

- \Box_1 None
- \Box_2 Very mild
- \square_3 Mild
- \Box_4 Moderate
- \Box_{5} Severe
- \Box_6 Very severe
- 24. 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)? <u>sfpainin {integer} <vlusfpainin></u>
 - \Box_1 Not at all
 - \Box_2 A little bit
 - \Box_3 Moderately
 - \Box_4 Quite a bit
 - \Box_5 Extremely

The following questions refer to your angina, chest pain or chest tightness:

25. <u>Compared with 4 weeks ago</u>, how often do you have chest pain, chest tightness or angina when doing your *most strenuous* level of activity?

I have had chest pain, chest tightness, or angina... sacpstrn {integer} <vlusacpstrn>

- \Box_1 Much more often
- \square_2 Slightly more often
- \square_{3} About the same
- \Box_4 Slightly less often
- \Box_5 Much less often
- \square_6 I've had no chest pain over the last 4 weeks.

26. Over the <u>past 4 weeks</u>, on average, how many times have you had *chest pain, chest tightness*, or *angina*?

I get chest pain, chest tightness, or angina... sacpavg {integer} <vlusahowmany>

- \Box_1 4 or more times per day
- \Box_2 1-3 times per day
- \square_3 3 or more times per week, but not every day
- \Box_4 1-2 times per week
- \Box_5 Less than once a week
- \Box_6 None over the past 4 weeks
- 27. Over the <u>past 4 weeks</u>, how many times have you had to take nitroglycerin (nitroglycerin tablets or spray) for your *chest pain, chest tightness*, or *angina*? sanitros {integer} <vlusahowmany> I take nitros....
 - \Box_1 4 or more times per day
 - \Box_2 1-3 times per day
 - \square_3 3 or more times per week, but not every day
 - \Box_4 1-2 times per week
 - \Box_5 Less than once a week
 - \square_6 None over the past 4 weeks
- 28. Over the <u>past 4 weeks</u>, how much has your *chest pain, chest tightness, or angina* limited your enjoyment of life? <u>saenjoy {integer} <vlusaenjoy></u>
 - \Box_1 It has severely limited my enjoyment of life
 - \square_2 It has moderately limited my enjoyment of life
 - \square_{3} It has slightly limited my enjoyment of life
 - \square_4 It has barely limited my enjoyment of life
 - \square_{5} It has not limited my enjoyment of life

29. If you had to spend the rest of your life with your *chest pain, chest tightness, or angina* the way it is <u>right now</u>, how would you feel about this? <u>sasatisf {integer} <vlusasatisf></u>

- \Box_1 Not satisfied at all
- \Box_2 Mostly dissatisfied
- \square_3 Somewhat satisfied
- \Box_4 Mostly satisfied
- \Box_5 Highly satisfied

30. How often do you worry that you may have a heart attack or die suddenly?saworry {integer} <vlusaworry>

- \Box_1 I can't stop worrying about it
- \square_2 I often think or worry about it
- \square_{3} I occasionally worry about it
- \Box_4 I rarely think or worry about it
- \square_{5} I never think or worry about it

The next questions ask for your views about your health. If you are unsure about how to answer a question, please give the best answer you can.

31. These questions are about how you feel and how things have been with you <u>during the past 4</u> <u>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 past 4 weeks . . .

	All of the <u>Time</u>	Most of the <u>Time</u>	A Good Bit of <u>the Time</u>	Some of the <u>Time</u>	A Little of the <u>Time</u>	None of the <u>Time</u>
a. did you feel full of pep? sfflpep {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
<pre>b. have you been a very nervous person? sfflnerv {integer} <vlusffl></vlusffl></pre>	1	2	3	4	5	6
c. have you felt so down in the dumps nothing could cheer you up? sffldown {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
d. have you felt calm and peaceful? sfflcalm {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
e. did you have a lot of energy?	1	2	3	4	5	6
f. have you felt downhearted and blue? . sfflblue {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
g. did you feel worn out? sfflworn {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
h. have you been a happy person? sfflhapy {integer} <vlusffl></vlusffl>	1	2	3	4	5	6
i. did you feel tired? sffltird {integer} <vlusffl></vlusffl>	1	2	3	4	5	6

32. During the <u>past month</u>, how much of the time has your <u>physical health or any emotional</u> <u>problems</u> limited your social activities (like visiting with friends, close relatives, etc.)?

 \Box_1 All of the time

sffllim {integer} <vlusffllim>

- \square , Most of the time
- **D** Some of the time
- **A** little of the time
- \Box_5 None of the time

33. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

		(circle one number on each line)			
		Yes, Limited A Lot	Yes, Limited A Little	No, Not limited At All	
a.	Vigorous activities, such as lifting heavy objects,	_	_	_	
	participating in strenuous sports	1	2	3	
b.	sfactvig {integer} <vlusfact> Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf sfactmod {integer} <vlusfact></vlusfact></vlusfact>	1	2	3	
c.	Lifting or carrying groceries	1	2	3	
А	sfactgro {integer} <vlusfact></vlusfact>	-	_	-	
u.	Climbing several flights of stairs sfactsts {integer} <vlusfact></vlusfact>	1	2	3	
e.	Climbing one flight of stairs	1	2	3	
f	sfactsto {integer} <vlusfact></vlusfact>	-	_	-	
1.	Bending, kneeling, or stooping sfactknl {integer} <vlusfact></vlusfact>	1	2	3	
g.	Walking more than a mile sfactwmi {integer} <vlusfact></vlusfact>	1	2	3	
h.	Walking several blocks	1	2	3	
i.	sfactwsv {integer} <vlusfact> Walking one block</vlusfact>	4	2	2	
	sfactwbk {integer} <vlusfact></vlusfact>	1	2	3	
j.	Bathing or dressing yourself sfactbat {integer} <vlusfact></vlusfact>	1	2	3	

34. Please choose the answer that best describes how <u>true</u> or <u>false</u> each of the following statements is for you. *(Circle one number on each line.)*

	Definitely <u>True</u>	Mostly <u>True</u>	Not <u>Sure</u>	Mostly <u>False</u>	Definitely <u>False</u>
a. I seem to get sick a little easier than other peoplesfgetsik {integer} <vlusfqx></vlusfqx>	1	2	3	4	5
b. I am as healthy as anybody I knowsfhealth {integer} <vlusfqx></vlusfqx>	1	2	3	4	5
c. I expect my health to get worse sfworse {integer} <vlusfqx></vlusfqx>	1	2	3	4	5
<pre>d. My health is excellent sfexhlth {integer} <vlusfqx></vlusfqx></pre>	1	2	3	4	5

35. The next statements are about overall health. In each group below, please place a check (\square) in one box to indicate which statement best describes your own health state <u>today</u>.

- a. Mobility: euromobl {integer} <vlueuromobl>
- \Box_1 I have no problems in walking about
- \square_2 I have some problems in walking about
- \square_3 I am confined to bed
- b. Self-care: eurocare {integer} <vlueurocare>
- \Box_1 I have no problems with self-care
- \Box_2 I have some problems washing or dressing myself
- \square_3 I am unable to wash or dress myself
- c. Usual activities (i.e. work, study, housework, family or leisure activities): euroact {integer} <vlueuroact>
- \Box_1 I have no problems with performing my usual activities
- \square_2 I have some problems with performing my usual activities
- \square_3 I am unable to perform my usual activities
- d. Pain/Discomfort: europain {integer} <vlueuropain>
- \square_1 I have no pain or discomfort
- \square_2 I have moderate pain or discomfort
- \square_3 I have extreme pain or discomfort
- e. Anxiety/Depression: eurodepr {integer} <vlueurodepr>
- \Box_1 I am not anxious or depressed
- \Box , I am moderately anxious or depressed
- \square_{3} I am extremely anxious or depressed
- 36. We would like you to indicate how good or bad your own health is <u>today</u>, in your opinion. On a scale of 0 to 100, with 0 as the worst imaginable health and 100 being the best, what number indicates how good or bad your current health state is today? #<u>rate100 {integer}</u>

These last questions are about you, your thoughts about your treatment, and your household income. (Note: Ask questions 37-40 only at 12 month follow-up – skip at 6 month and 24 month follow-ups.)

- 37. Which do you think you received during your infusion treatments? gustrt {integer} <vlugustrt>
 - **Chelation solution**
 - **Chelation placebo**
- 38. On a scale of 0 to 10, where 0 is "not at all certain" and 10 is "extremely certain", how certain are you about this guess? (circle one number) gusscl {integer} <vlugusscl>
- 39. What did you make your guess based on? (you may check more than one)

a.	Less chest pain/angina	\Box_1 Yes	□ ₂ Noguslcp {integer} <vluyesno></vluyesno>
b.	Less shortness of breath or ankle swelling	\Box_1 Yes	□ ₂ No guslsb {integer} <vluyesno></vluyesno>
c.	Improved ability to get around	\Box_1 Yes	□ ₂ No gusimp {integer} <vluyesno></vluyesno>
d.	Side effects	\Box_1 Yes	\square_2 Nogusse {integer} <vluyesno></vluyesno>
e.	Any other reasons.	\Box_1 Yes	□ ₂ No gusoth {integer} <vluyesno></vluyesno>
	Please specify:gusotx {varchar 200}		

- 40. If you made your guess based on side effects, was it based on severity or type of side
 - effects? guswhy {integer} <vluguswhy>
 - L, **Severity**
 - Type. Please specify: <u>gustyp {varchar 200}</u>
- 41. Is your current monthly household income more, less or about the same as a year ago? hsincml {integer} <vluhsincml>
 - More
 - Less
 - About the same
 - Don't know
 - Refused
- 42. How well does your household's income meet your household's basic needs (i.e., food, clothing, shelter, and medical expenses, including medicines)? hsincadq {integer} <vluhsincadq>
 - Not at all
 - Somewhat
 - Adequately
 - More than adequately
 - Don't know
 - Refused