



AFFIRM
Quality of Life

Coordinator: Please complete this page and place it in the envelope before giving the questionnaire to the patient. Also fill in the date, patient ID, and acrostic on the questionnaire.

Date completed: ___/___/___ **Patient ID #:** _____-_____-___ **Acrostic:** _____
Month Day Year
Days13

Assessment: (*Mark one only.*) 0 Initial 4 1 year 10 3 year 5 year
Visit13 1 2 month 7 2 year 13 4 year

Current work status: (*Mark one only.*)

Wkstat10

<input type="radio"/> 1 Employed full time	<input type="radio"/> 2 Retired
<input type="radio"/> 1 Employed part time	<input type="radio"/> 2 Not employed outside home, not disabled
<input type="radio"/> 2 Unemployed	<input type="radio"/> 2 Disabled

1 = Employed 2 = Unemployed

Household living situation: (*Mark one only.*)

LSit10

<input type="radio"/> 1 Lives with spouse or partner	<input type="radio"/> 2 Lives alone
<input type="radio"/> 1 Lives with other adult(s)	<input type="radio"/> Other ⇒ _____

1 = Lives with spouse/partner/other adult(s) 2 = Lives alone

Education level (to be completed at initial assessment only): (*Mark one only.*)

Educat10

<input type="radio"/> 1 Less than highschool graduate	<input type="radio"/> 3 College (with or without degree)
<input type="radio"/> 2 High school graduate (or GED)	<input type="radio"/> 3 Graduate school (with or without degree)

3 = College/graduate school



Date completed: ___/___/___ Patient ID #: _____-_____-___ Acrostic: _____
Month Day Year

INSTRUCTIONS TO THE PATIENT:

This survey asks for your views about your health. This information will help us know how you feel and the extent to which you are able to do your usual activities. Please work on this questionnaire by yourself, without discussing your answers with anyone else while you are filling out the form. There are no right or wrong answers. We are interested in your feelings and opinions. Also, remember that the information on this form is confidential and will not be seen by anyone here where you receive your care.

After you have completed the form, please take a moment to make sure that you haven't missed any questions. Place the form in the envelope that the AFFIRM Coordinator provided for you, seal the envelope, and return it to the Coordinator.

Thank you very much for completing this survey.

Here is a ladder representing the 'ladder of life'. The top of the ladder represents the best possible life for you. The bottom of the ladder represents the worst possible life for you.

<i>Best Possible Life</i>	10
	9
	8
	7
	6
	5
	4
	3
	2
<i>Worst Possible Life</i>	1

- a. On which step of the ladder do you feel you personally stand at the **PRESENT TIME**? _____
LPres10 (1 to 10)
- b. On which step would you have stood **FIVE YEARS AGO**? _____ *LPast10*
(1 to 10)
- c. Thinking about your future, on which step do you think you will stand about **FIVE YEARS FROM NOW**? _____ *LFutur10*
(1 to 10)

SYMPTOM CHECKLIST

Think back over the past month. For each of the symptoms listed below, check (✓):

1) How often you had it: Then 2) How severe it was:

	N E V E R	R A R E L Y	S O M E T I M E S	O F T E N	A L W A Y S		M I L D	M O D E R A T E	E X T R E M E	
	0	1	2	2	2		1	2	2	<i>2 = Moderate/ Extreme</i>
Tiredness/lack of energy						<i>TiredF10</i>				<i>TiredS10</i>
Heart fluttering/skipping						<i>SkipF10</i>				<i>SkipS10</i>
Heart racing						<i>RaceF10</i>				<i>RaceS10</i>
Lightheadedness/dizziness						<i>DizzyF10</i>				
Headache						<i>HAcheF10</i>				<i>HAcheS10</i>
Trouble concentrating						<i>ConcF10</i>				
Hard to catch breath						<i>CatchF10</i>				<i>CatchS10</i>
Shortness of breath						<i>ShortF10</i>				<i>ShortS10</i>
Feeling warm/flushed						<i>WarmF10</i>				<i>WarmS10</i>
Sweating						<i>SweatF10</i>				<i>SweatS10</i>
Weakness						<i>WeakF10</i>				<i>WeakS10</i>
Poor appetite						<i>AppF10</i>				
Nausea						<i>NausF10</i>				
Difficulty sleeping						<i>SleepF10</i>				<i>SleepS10</i>
Chest pain, pressure, or fullness, when the heart is racing or fluttering						<i>ChPF10</i>				
Chest pain, pressure, or fullness, when the heart is NOT racing or fluttering						<i>ChPNoF10</i>				

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Compared to when you joined the AFFIRM Study, how would you rate your health in general now?

Compar10 Better ₁ About the same ₀ Worse ₀

0 = Worse/about the same

SF-36 HEALTH SURVEY

INSTRUCTIONS: 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. If you are unsure about how to answer a question, please give the best answer you can.

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

(circle one)

Health13

- 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 now?

(circle one)

CompYr13

- 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

3. 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)

Vigor13

Moder13

Lift13

Stairs13

Stair13

Bend13

Mile13

Blocks13

Block13

Bath13

ACTIVITIES	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking several blocks	1	2	3
i. Walking one block	1	2	3
j. Bathing or dressing yourself	1	2	3

4. 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)

PTime413

PLess413

PKind413

PDiff413

	YES	NO
a. Cut down on the amount of time you spent on work or other activities	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)	1	2

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)?

(circle one number on each line)

	YES	NO
a. Cut down the amount of time you spent on work or other activities	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

ETime413

ELess413

ECare413

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?

(circle one)

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

SocEx413

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

(circle one)

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

Pain413

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(circle one)

Work413

- Not at all 1
- A little bit 2
- Moderately 3
- 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 -

(circle one number on each line)

Pep413

Nerve413

Down413

Calm413

Energ413

Blue413

Worn413

Happy413

Tired413

	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
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	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?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle one)

- 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

Socia413

11. How TRUE or FALSE is each of the following statements for you?

(circle one number on each line)

Sick13

Hlthy13

Worse13

Excell13

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

**Ferrans and Powers
QUALITY OF LIFE INDEX
CARDIAC VERSION - III**

Part I. For each of the following, please choose the answer that best describes how satisfied you are with that area of your life. Please mark your answer by circling the number. There are no right or wrong answers.

HOW SATISFIED ARE YOU WITH:		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
<i>HlthS13</i>	1. Your health?	1	2	3	4	5	6
<i>CareS13</i>	2. The health care you are receiving?	1	2	3	4	5	6
<i>AngS13</i>	3. The amount of chest pain (angina) that you have?	1	2	3	4	5	6
<i>BrtheS13</i>	4. Your ability to breathe without shortness of breath?	1	2	3	4	5	6
<i>EnrgyS13</i>	5. The amount of energy you have for everyday activities?	1	2	3	4	5	6
<i>PhysS13</i>	6. Your physical independence?	1	2	3	4	5	6
<i>CntrlS13</i>	7. The amount of control you have over your life?	1	2	3	4	5	6
<i>LiveS13</i>	8. Your potential to live a long time?	1	2	3	4	5	6
<i>FHlthS13</i>	9. Your family's health?	1	2	3	4	5	6
<i>ChildS13</i>	10. Your children?	1	2	3	4	5	6
<i>FHapS13</i>	11. Your family's happiness?	1	2	3	4	5	6
<i>SpousS13</i>	12. Your relationship with your spouse/significant other?	1	2	3	4	5	6
<i>SexS13</i>	13. Your sex life?	1	2	3	4	5	6
<i>FrndsS13</i>	14. Your friends?	1	2	3	4	5	6
<i>SuppS13</i>	15. The emotional support you get from others?	1	2	3	4	5	6
<i>RespS13</i>	16. Your ability to meet family responsibilities?	1	2	3	4	5	6
<i>UseS13</i>	17. Your usefulness to others?	1	2	3	4	5	6

(Please Go To Next Page)

HOW SATISFIED ARE YOU WITH:		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
<i>StresS13</i>	18. The amount of stress or worries in your life?	1	2	3	4	5	6
<i>HomeS13</i>	19. Your home?	1	2	3	4	5	6
<i>NghbrS13</i>	20. Your neighborhood?	1	2	3	4	5	6
<i>SOLS13</i>	21. Your standard of living?	1	2	3	4	5	6
<i>JobS13</i>	22. Your job? (If employed)	1	2	3	4	5	6
<i>NoJobS13</i>	23. Not having a job? (If unemployed)	1	2	3	4	5	6
<i>EducS13</i>	24. Your education?	1	2	3	4	5	6
<i>FinanS13</i>	25. Your financial independence?	1	2	3	4	5	6
<i>LActS13</i>	26. Your leisure time activities?	1	2	3	4	5	6
<i>TravS13</i>	27. Your ability to travel on vacations?	1	2	3	4	5	6
<i>RetirS13</i>	28. Your potential for a happy old age/retirement?	1	2	3	4	5	6
<i>PeaceS1</i>	29. Your peace of mind?	1	2	3	4	5	6
<i>FaithS13</i>	30. Your personal faith in God?	1	2	3	4	5	6
<i>GoalsS13</i>	31. Your achievement of personal goals?	1	2	3	4	5	6
<i>HappyS13</i>	32. Your happiness in general?	1	2	3	4	5	6
<i>LifeS13</i>	33. Your life in general?	1	2	3	4	5	6
<i>LooksS13</i>	34. Your personal appearance?	1	2	3	4	5	6
<i>SelfS13</i>	35. Yourself in general?	1	2	3	4	5	6
<i>ChngS13</i>	36. 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

(Please Go To Next Page)

Part II. For each of the following, please choose the answer that best describes how important that area of life is to you. Please mark your answer by circling the number. There are no right or wrong answers.

HOW IMPORTANT TO YOU IS:		Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
<i>HlthI13</i>	1. Your health?	1	2	3	4	5	6
<i>CareI13</i>	2. Health care?	1	2	3	4	5	6
<i>AngI13</i>	3. Being completely free of chest pain (angina)?	1	2	3	4	5	6
<i>BrthI13</i>	4. Being able to breathe without shortness of breath?	1	2	3	4	5	6
<i>EnrgyI13</i>	5. Having enough energy for everyday activities?	1	2	3	4	5	6
<i>PhysI13</i>	6. Your physical independence?	1	2	3	4	5	6
<i>CntrlI13</i>	7. Having control over your life?	1	2	3	4	5	6
<i>LiveI13</i>	8. Living a long time?	1	2	3	4	5	6
<i>FHlthI13</i>	9. Your family's health?	1	2	3	4	5	6
<i>ChildI13</i>	10. Your children?	1	2	3	4	5	6
<i>FHapI13</i>	11. Your family's happiness?	1	2	3	4	5	6
<i>SpousI13</i>	12. Your relationship with your spouse/significant other?	1	2	3	4	5	6
<i>SexI13</i>	13. Your sex life?	1	2	3	4	5	6
<i>FrndsI13</i>	14. Your friends?	1	2	3	4	5	6
<i>SuppI13</i>	15. The emotional support you get from others?	1	2	3	4	5	6
<i>RespI13</i>	16. Meeting family responsibilities?	1	2	3	4	5	6
<i>UseI13</i>	17. Being useful to others?	1	2	3	4	5	6
<i>StresI13</i>	18. Having a reasonable amount of stress or worries?	1	2	3	4	5	6
<i>HomeI13</i>	19. Your home?	1	2	3	4	5	6

(Please Go To Next Page)

HOW IMPORTANT TO YOU IS:		Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
<i>NghbrI13</i>	20. Your neighborhood?	1	2	3	4	5	6
<i>SOL I13</i>	21. A good standard of living?	1	2	3	4	5	6
<i>JobI13</i>	22. Your job? (If employed)	1	2	3	4	5	6
<i>NoJobI13</i>	23. To have a job? (If unemployed)	1	2	3	4	5	6
<i>EducI13</i>	24. Your education?	1	2	3	4	5	6
<i>FinanI13</i>	25. Your financial independence?	1	2	3	4	5	6
<i>LActI13</i>	26. Leisure time activities?	1	2	3	4	5	6
<i>TravI13</i>	27. The ability to travel on vacations?	1	2	3	4	5	6
<i>RetirI13</i>	28. Having a happy old age/retirement?	1	2	3	4	5	6
<i>PeaceI13</i>	29. Peace of mind?	1	2	3	4	5	6
<i>FaithI13</i>	30. Your personal faith in God?	1	2	3	4	5	6
<i>GoalsI13</i>	31. Achieving your personal goals?	1	2	3	4	5	6
<i>HappyI13</i>	32. Your happiness in general?	1	2	3	4	5	6
<i>LifeI13</i>	33. Being satisfied with life?	1	2	3	4	5	6
<i>LooksI13</i>	34. Your personal appearance?	1	2	3	4	5	6
<i>SelfI13</i>	35. Yourself?	1	2	3	4	5	6
<i>ChngI13</i>	36. 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