



HEALTH STATUS QUESTIONNAIRE

Name _____

Date / / DATE03
Mo. Day Yr.

1. Check when this form was filled out. 1 Before angiography 2 After angiography FMFILL03

2. When carrying out normal daily activities (hobbies, recreation, job, yardwork, household routine), which of the following statements applies? (One answer only)

- 1 There is no limitation of activities
- 2 There is intermittent limitation of activities
- 3 There is mild limitation of activities
- 4 There is moderate limitation of activities
- 5 There is severe limitation of activities LIMIT03
- 6 Uncertain due to medical restrictions

3. If there is known limitation of activities, what is the main factor which causes the limitation? (One answer only)

- 1 Chest pain 2 Residua of stroke 3 Shortness of breath FACTOR03
- 4 Leg cramps 5 General fatigue 6 Orthopedic problems
- 7 Other

4. Does the patient have chest discomfort? 1 Yes 2 No CHPAIN03
If yes, answer questions 5, 6, and 7.

5. Indicate a typical or average number of episodes of chest discomfort per week. EPISOD03
Indicate a minimum and maximum number of episodes that have occurred during one week.
Minimum EPSMIN03 Maximum EPSMAX03 (Enter 999 if continuous)

6. Compared to six months ago, what is the amount of physical activity the patient can do without developing chest discomfort?

- 1 More 2 Less 3 The same PHYACT03

If the amount has changed, is the change

- 1 Small 2 Moderate 3 Considerable CHANGE03

7. Is the patient presently taking sublingual nitroglycerin or other sublingual nitrate for chest discomfort?

- 1 Yes 2 No NITRO03

If yes, which of the following most typically occurs? (One answer only)

- 1 Relief of chest discomfort within 5 minutes
- 2 Relief of chest discomfort within 5 to 15 minutes
- 3 Relief of chest discomfort within 15 to 30 minutes RELIEF03
- 4 Relief of chest discomfort after 30 minutes
- 5 Rarely causes relief of chest discomfort

Indicate a typical or average number of tablets taken per week. TABS03
Indicate a minimum and maximum number of tablets taken during one week.

Minimum TABMIN03 Maximum TABMAX03

For clinic use: _____

Name of person filling out form