

DIGITALIS INVESTIGATION GROUP

QUALITY OF LIFE QUESTIONNAIRE

Local Center Name _____

Randomization Number

PRINT Patient Name _____ / _____
Last First M.I.

Highest Level of Education of Patient _____ Years
 Visit Number ____

Highest Level of Education of Spouse _____ Years

Date Completed Mo ____ Day ____ Yr ____ Time Started: ____ : ____ a.m.
 p.m.

1. In general, would you say your health is: (1=Excellent, 2=Very Good, 3=Good, 4=Fair, 5=Poor) **Q1**
2. Compared to your first study visit, how would you rate your health in general now? **Q2**
 (1=Much better, 2=Somewhat better, 3=About the same, 4=Somewhat worse, 5=Much worse)

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

<p>CODE: 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all</p>
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3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports **Q3**
4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf **Q4**
5. Lifting or carrying groceries **Q5**
6. Climbing several flights of stairs **Q6**
7. Climbing one flight of stairs **Q7**
8. Bending, kneeling, or stooping **Q8**
9. Walking more than a mile **Q9**
10. Walking several blocks **Q10**
11. Walking one block **Q11**

12. Bathing and dressing yourself Q12

VA Form 10-20914f(NR)
JAN 1991

The following questions concern how your heart failure (heart condition) has prevented you from living as you wanted **DURING THE LAST MONTH**. The items listed below describe different ways some people are affected. **If you are sure an item does not apply to you or is not related to your heart failure, then enter "0" (No) and go on to the next item.** If an item does apply to you, then enter the number rating of how much it prevented you from living as you wanted.

CODE:	No	Very Little			Very Much
	0	1	2	3	4

*Did your heart failure prevent you from living as you wanted **DURING THE LAST MONTH** by:*

13. Causing swelling in your ankles, legs, etc.? Q13
14. Making your working around the house or yard difficult? Q14
15. Making your relating to or doing things with your friends or family difficult? Q15
16. Making you sit or lie down to rest during the day? Q16
17. Making you tired, fatigued, or low on energy? Q17
18. Making your working to earn a living difficult? Q18
19. Making your walking about or climbing stairs difficult? Q19
20. Making you short of breath? Q20
21. Making your sleeping well at night difficult? Q21
22. Making you eat less of the foods you like? Q22
23. Making your going places away from home difficult? Q23
24. Making your sexual activities difficult? Q24
25. Making your recreational pastimes, sports or hobbies difficult? Q25
26. Making it difficult for you to concentrate or remember things? Q26
27. Giving you side effects from medications? Q27
28. Making you worry? Q28

29. Making you feel depressed? Q29
30. Costing you money for medical care? Q30
31. Making you feel a loss of self-control in your life? Q31
32. Making you stay in a hospital? Q32
33. Making you feel you are a burden to your family or friends? Q33

Below are statements that describe how people feel and behave. For each statement code the answer that best describes how much you felt or behaved this way DURING THE PAST WEEK.

<p>CODE: 0 = Rarely (less than 1 day) 1 = Some of the time (1 - 2 days) 2 = Moderate amount of the time (3 - 4 days) 3 = Most of the time (almost everyday) 9 = Don't know or refused</p>

*Would you say **IN THE LAST WEEK**:*

34. You were bothered by things that usually don't bother you Q34
35. You did not feel like eating or your appetite was poor Q35
36. You had trouble keeping your mind on what you are doing Q36
37. You felt that everything you did was an effort Q37
38. You felt sad Q38
39. You felt hopeful about the future Q39
40. You felt fearful Q40
41. Your sleep was restless Q41
42. You were happy Q42
43. You felt lonely Q43
44. You could not get going Q44

A number of statements which people have used to describe themselves are listed below. Please read each statement and then code the answer that indicates how you feel RIGHT NOW AT THIS MOMENT.

<p>CODE:</p> <p>1 = Not at all 2 = Somewhat 3 = Moderately so 4 = Very much so</p>
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- | | | |
|-----|---|-----|
| 45. | I feel calm | Q45 |
| 46. | I am tense | Q46 |
| 47. | I feel at ease | Q47 |
| 48. | I am presently worrying over possible misfortunes | Q48 |
| 49. | I feel nervous | Q49 |
| 50. | I am jittery | Q50 |
| 51. | I am relaxed | Q51 |
| 52. | I am worried | Q52 |
| 53. | I feel steady | Q53 |
| 54. | I feel frightened | Q54 |
| 55. | I am furious | Q55 |
| 56. | I feel like banging on the table | Q56 |
| 57. | I feel angry | Q57 |
| 58. | I feel like yelling at somebody | Q58 |
| 59. | I feel like breaking things | Q59 |
| 60. | I am mad | Q60 |
| 61. | I feel irritated | Q61 |
| 62. | I feel like biting someone | Q62 |
| 63. | I am burned up | Q63 |
| 64. | I feel like swearing | Q64 |

65. During the **LAST WEEK**, how often did you have periods of chest or arm discomfort suggestive of your angina? **Q65**

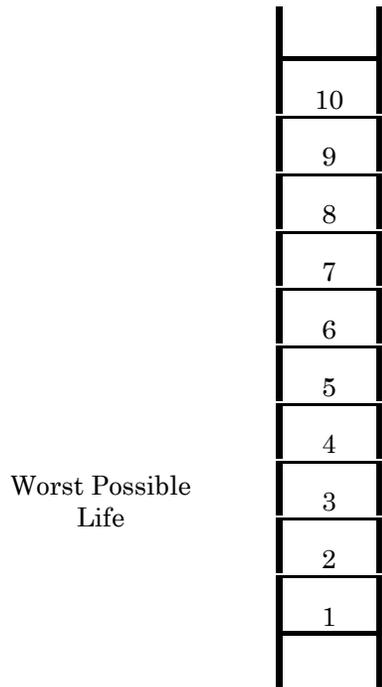
67. If you did not have chest pain last week, then skip question 66 and go to question 67.

CODE: 0 = Not at all 1 = Once 2 = Two to three times 3 = About once every day 4 = More than once every day

66. How often did you use nitroglycerin tablet under your tongue during the **LAST WEEK**? **Q66**

CODE: 0 = Not at all 1 = Once 2 = Two to three times 3 = About once every day 4 = More than once every day

Below 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. Please answer the questions below.



67. On which step of the ladder do you feel you personally stand at the **PRESENT TIME**? **Q67**

68. On which step would you have stood **FIVE YEARS AGO**? **Q68**

69. Thinking about your future, on which step do you think you will stand about **FIVE YEARS FROM NOW**? **Q69**

