

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF MYOCARDIAL ISCHEMIA

PIMI FORM 04

HISTORY & PHYSICAL EXAM

GENERAL INSTRUCTIONS

Complete this form as part of the Qualifying Visit procedures.

ITEM INSTRUCTIONS: Items with instructions outlined below have the symbol [*] preceding the item number on the form.

Refer to Item 12A.

One drink = 1 mixed drink, 12 oz. beer. 5 oz. glass of wine or
1 1/2 oz. hard liquor.

If less than one drink per week, enter 00.

Clinic No.			-		
ID No.			-		
Visit Type	Q	V	0	0	

PART I: IDENTIFICATION

1. Patient's NAME CODE:

2. Visit date: VIS DAYS
 Day Month Year

PART II: BACKGROUND DATA

3. Years of education: EDUCATE

4. Current marital status: MARSTAT
 Married (1)
 Single (2)
 Widowed (3)
 Separated or divorced (4)

A. Number of divorces:
 NBR-DIV

5. Living arrangements: LIVING
 Lives alone (1)
 Lives with at least one other person (2)

6. Employment at time of screening: EMPLOYED
 Full-time (≥ 35 hours per week) (1)
 Part-time (< 35 hours per week) (2)
 Retired (3)
 Disabled (4)
 Unemployed (5)

7. Dominant hand: DOM-HAND
 (1) Right (2) Left

8. Color blind: CLR-BLND
 (1) Yes (2) NO

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12. History of alcohol use: HIST-ALC (1) (2)
 Yes No
 ↓

A. Current alcohol usage:		<u>NBR-DRINK</u>
Number of drinks per week		- -
		Yes No
B. Have you <u>ever</u> felt you ought to cut down on your drinking? ...		<u>CUTDOWN</u> (1) (2)
C. Have people <u>ever</u> annoyed you by criticizing your drinking? ...		<u>ANNOYED</u> (1) (2)
D. Have you <u>ever</u> felt bad or guilty about your drinking?		<u>GUILTY</u> (1) (2)
E. Have you <u>ever</u> had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)? ----		<u>EYE-OPEN</u> (1) (2)

PART III: MEDICAL HISTORY

13. History of myocardial infarction (MI): ----- .. HIST-MI .. (1) (2) (3) **J**
 Yes No Unknown

14. History of congestive heart failure requiring treatment: HIST-CHF (1) (2) (3)
 Yes No Unknown

15. History of hypertension: HIST-HYP (1) (2) (3)
 Yes No Unknown
 ↓

A. Current therapy:		<u>HYP-THER</u>
Medicine		(1)
Diet		(2)
Both		(3)
Neither		(4)

16. History of diabetes: HIST-DIA Yes No Unknown
 (1) (2) (3)
 ↓

A. Current therapy:		<u>DIA-THER</u>
Oral medicine		(1)
Insulin		(2)
Both		(3)
Neither		(4)

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17. snoring:

SNORING

Not at all ----- (1)
 Occasionally, lightly ----- (2)
 Usually ----- (3)
 Constantly, loudly ----- (4)
 Unknown ----- (5)

PTCA

18. PTCA or other **interventional** cardiovascular procedure: ----- Yes No Unknown
 (1) (2) (3)

PART IV: ROSE QUESTIONNAIRE (For Administration by an **Interviewer.**)

19. Chest Pain on Effort:

A. Have you ever had any pain or discomfort in your chest?

Yes ----- **ROSE 1** ----- (1)
 No ----- (2) ----- →

Skip to Part V

B. Do you get it when you walk uphill or hurry?

Yes ----- **ROSE 2** ----- (1)
 No ----- (2) ----- →
 Never hurries or walks uphill ----- (3)

Skip to Part V

C. Do you get it when you walk at an ordinary pace on the level?

Yes ----- **ROSE 3** ----- (1)
 No ----- (2) ----- →

D. What do you do if you get it while you are walking?
 (Record "Stop or slow down" if subject carries on after taking nitroglycerine.)

Stop or slow down ----- **ROSE 4** ----- (1)
 Carry on ----- (2) ----- →

Skip to Part V

E. If you stand still, what happens to it?

Relieved ----- **ROSE 5** ----- (1)
 Not relieved ----- (2) ----- →

Skip to Part V

F. How soon?

10 minutes or less ----- **ROSE 6** ----- (1)
 More than 10 minutes ----- (2) ----- →

Skip to Part V

II

19. Chest pain on Effort (continued):

G. Will you show me where it was? (Record all areas mentioned,)

- 1. Sternum (upper or middle) ----- ROSE7 ----- (1)
- 2. Sternum (lower) ----- ROSE8 ----- (1)
- 3. Left anterior chest ----- ROSE9 ----- (1)
- 4. Left arm ----- ROSE10 ----- (1)
- 5. Other ----- ROSE11 ----- (1)

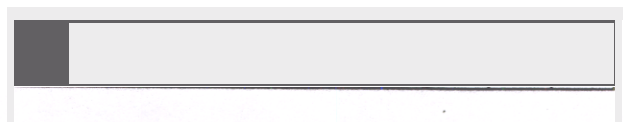
H. Do you feel it anywhere else?

- Yes ----- ROSE12 ----- (1)
 (If "Yes", record additional information in previous item.)
- No ----- (2)

PART V: MEDICATION

20. Record all treatment taken within 4 weeks of current date:

- | | Yes | No | Unknown | |
|--|-------|-------|---------|--|
| A. Long acting nitrates ----- <u>NITRATE</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | If Yes,
days since
last dose
<u>NIT-DAYS</u>
-- -- |
| B. Beta Blocker therapy ----- <u>BETA</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | <u>BETA-DAYS</u>
-- -- |
| C. Calcium channel blockers ----- <u>CC@</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | <u>CCB-DAYS</u>
-- -- |
| D. Antidepressant ----- <u>ANTI DEPR</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | <u>ANTI-DAYS</u>
-- -- |
| E. Anxiolytics ----- <u>ANXIOL</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | <u>ANX-DAYS</u>
-- -- |
| F. Analgesics ----- <u>ANALGES</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | <u>ANAL-DAYS</u>
-- -- |
| G. Sleeping pills ----- <u>SLEEPING</u> -----
If YES , specify name and dose: | (1) | (2) | (3) | <u>SLP-DAYS</u>
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PAST IV: PHYSICAL EXAM

21. Height (without shoes): - - - - - cm
22. Weight: - - - - - kg

BODY MASS INDEX

23. Cardiovascular: CARD (1) (2)
Normal Abnormal

Specify: _____

24. Lungs: LUNGS (1) (2)
Normal Abnormal

Specify: _____

PART V: ADMINISTRATIVE MATTERS

25. Research Coordinator:
Signature: _____ PIMI Staff No.: --- - - - - -

ID No.							
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