

VARIABLE NAME

PAIN3M

CLINICAL UNIT USE ONLY		
Clinical Unit No.	_	_
Patient ID No.	__	__
Visit Type	__	__
Patient NAME CODE	_	_
Date of Administration	__	__
	Day	Month
		Year
Check here if not done (1)	
Research Coordinator:		
signature:	_____	
PIMI Staff No:	__	__

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF MYOCARDIAL ISCHEMIA
ANGINAL SYNDROME QUESTIONNAIRE (ASQ)

INSTRUCTIONS

Have you had chest discomfort in the past three months?	7	-----	(Yes)	(No)
If NO this form does not need to be completed. If YES please continue with this form.				
To help your doctor understand the underlying cause of your chest discomfort, please try to describe it as accurately as possible. Please try to recall:				
DATE OF FIRST EPISODE:	(Month/Date/Year)	___/___/		
DATE OF MOST RECENT EPISODE:	(Month/Date/Year)	___/___/		
Think about the episodes (attacks) of discomfort that you have experienced in the past two or three months in responding to the following questions. and check all items that apply to you.				

**PSYCHOPHYSIOLOGICAL INVESTIGATIONS
 OF MYOCARDIAL ISCHEMIA**

ANGINAL SYNDROME QUESTIONNAIRE (ASQ)

PART ONE:

A. At the time of the episode I am usually

- At home
- At work
- Other

B. Check the activities in which you have been involved just before or at the time of your chest discomfort: Check all that apply.

- 1. Walking (slowly or normally) (1)
- 2. **Walking hurriedly** (1)
- 3. Walking uphill or up stairs (1)
- 4. Exercise (1)
- Specify _____
- 5. **Lying down** (side, back, stomach) (1)
- 6. **Having sex** (1)
- 7. **Sleeping** (1)
- 8. **Eating a large meal** (1)
- 9. **Working with arms overhead** (1)
- 10. **Lifting heavy weight** (1)
- 11. Mowing the lawn, sweeping, **mopping** (1)
- 12. **Cold weather activity** (1)
- 13. **Sitting** (reading, watching TV) (1)
- 14. **Bending over or reaching down** (1)
- 15. **Not related to activity** (1)
- 16. Other (1)

Specify _____

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5. Check the words that best describe your feelings just before or at the time of an episode of chest discomfort: Check all that apply.

- 1. Happy (1)
- 2. Afraid (1)
- 3. Angry (1)
- 4. Annoyed (1)
- 5. Tense (1)
- 6. Content (1)
- 7. Worried (1)
- 8. Laughing (1)
- 9. Frustrated (1)
- 10. Nervous (1)
- 11. Calm (1)
- 12. Upset (1)

PART TWO

A. Approximately how often does the discomfort occur? Check only one.

- Less than once a month (1)
- Once or twice a month (2)
- Once or twice a week (3)
- Three to five times a week (4)
- Once or twice a day (5)
- Three to five times a day (6)
- Six or more times a day (7)

B. When the discomfort occurs, how long does it last? Check only one.

- Less than 30 seconds (1)
- 30 seconds to one minute (2)
- 1-4 minutes (3)
- 5-10 minutes (4)
- 11-15 minutes (5)
- 16-30 minutes (6)
- More than 30 minutes (7)

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C. Is the discomfort similar to or different from chest discomfort you may have had in the past? Check all that apply.

- 1. No discomfort since the first episode (1)
- 2. Discomfort has been similar each time (1)
- 3. Discomfort becoming more severe (1)
- 4. Discomfort becoming less severe (1)
- 5. Occurs **more** often than before (1)
- 6. Occurs **less often than before** (1)
- 7. Each episode is different and unpredictable (1)

PART THREE:

A. Patients have used the following words to describe their chest discomfort. Please tell how you would generally describe your chest discomfort **or** pain by checking the appropriate number. Answer each item.

	Almost Never	Some times	Often	Almost Always
1. Burning	(1)	(2)	(3)	(4)
2. Aching	(1)	(2)	(3)	(4)
3. Tightness	(1)	(2)	(3)	(4)
4. Pressing, Crushing	(1)	(2)	(3)	(4)
5. Tingling, Pinpricking	(1)	(2)	(3)	(4)
6. Heaviness	(1)	(2)	(3)	(4)
7. Squeezing	(1)	(2)	(3)	(4)
8. Stabbing	(1)	(2)	(3)	(4)
9. Strangling, Choking	(1)	(2)	(3)	(4)
10. Numbness	(1)	(2)	(3)	(4)
11. Tearing	(1)	(2)	(3)	(4)
12. Pinching	(1)	(2)	(3)	(4)
13. Cutting, Knifelike	(1)	(2)	(3)	(4)
14. Other _____	(1)	(2)	(3)	(4)

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PART THREE: (Continued)

B. At the time you are experiencing chest **discomfort**, Indicate the extent to which you experience any of the following related symptoms. Answer each item.

	Almost Never	Some- times	Often	Almost Always
1. Breathlessness or shortness of breath	(1)	(2)	(3)	(4)
2. Fainting or feeling faint	(1)	(2)	(3)	(4)
3. Fatigue or energy loss	(1)	(2)	(3)	(4)
4. Belching	(1)	(2)	(3)	(4)
5. Dizziness	(1)	(2)	(3)	(4)
6. Sighing	(1)	(2)	(3)	(4)
7. Palpitations ("skipped beats")	(1)	(2)	(3)	(4)
8. Stomach upset, nausea, or vomiting	(1)	(2)	(3)	(4)
9. Soreness of muscle or skin	(1)	(2)	(3)	(4)
10. Sweating	(1)	(2)	(3)	(4)
11. Urinary urgency	(1)	(2)	(3)	(4)
12. Pressing bowels	(1)	(2)	(3)	(4)
13. Other _____	(1)	(2)	(3)	(4)

C. People have used the following words to **describe their** chest discomfort. Please indicate how severe you would rate each sensation in describing your discomfort or pain by checking the appropriate number. Answer each item.

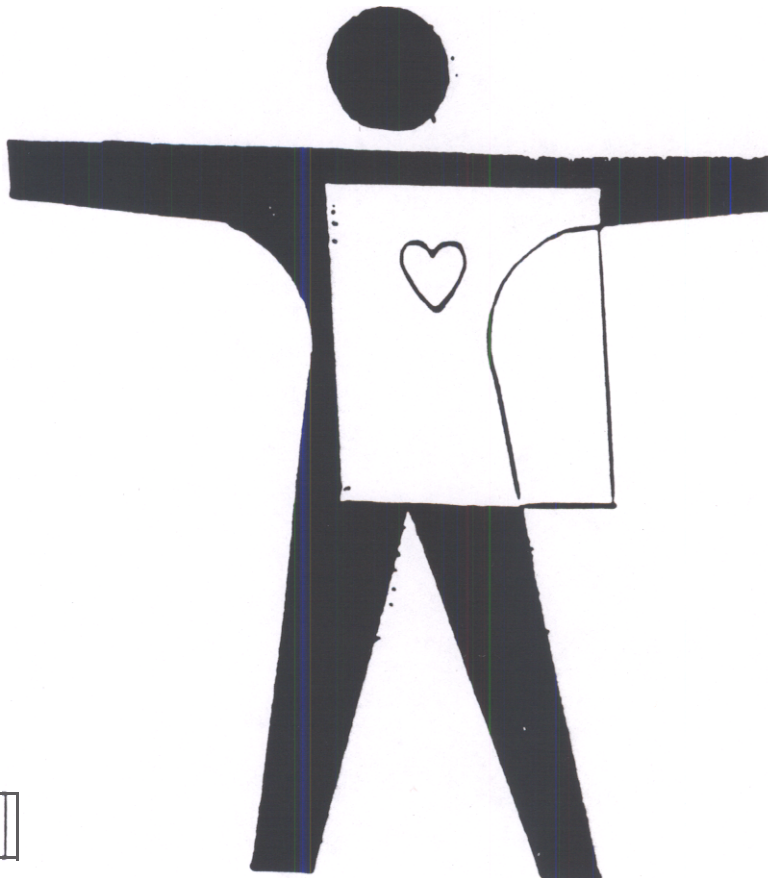
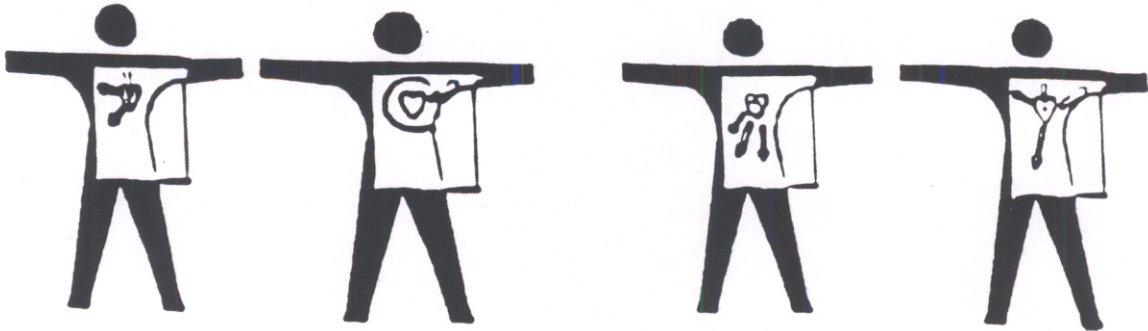
	None	Mild	Moderate	Intense
1. Burning	(1)	(2)	(3)	(4)
2. Aching	(1)	(2)	(3)	(4)
3. Tightness	(1)	(2)	(3)	(4)
4. Pressure	(1)	(2)	(3)	(4)
5. Tingling	(1)	(2)	(3)	(4)
6. Heaviness	(1)	(2)	(3)	(4)
7. Squeezing	(1)	(2)	(3)	(4)
8. Stabbing	(1)	(2)	(3)	(4)
9. Strangling/Choking	(1)	(2)	(3)	(4)
10. Numbness	(1)	(2)	(3)	(4)
11. Tearing	(1)	(2)	(3)	(4)
12. Pinching	(1)	(2)	(3)	(4)
13. Cutting, Knifelike	(1)	(2)	(3)	(4)

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PART FIVE:

Using the diagram below, place a dot or a circle to show the area most often affected during your episode of discomfort. ALSO, if it moved to another location, draw an arrow or arrows to show where it moved during the episode.

EXAMPLES



Pattern Code _ _

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