

VARIABLE NAME

MAPQ
 MMAP
 AMAP

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

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF MYOCARDIAL ISCHEMIA

MAPQ

INSTRUCTIONS

Rate how often you experience the following bodily sensations. Check the number from 0 through 9 which represents your rating,

EXAMPLE: How often do you enjoy completing questionnaires? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
 never very often

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF MYOCARDIAL ISCHEMIA

MAPQ

CC
Code

IN GENERAL:

- 1. Are you aware of many **different** bodily sensations? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
 very few very many
- 2. How often are you aware of those sensations? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often

HOW OFTEN DO YOU NOTICE:

- 3. Your face becoming hot? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 4. Your hand becoming cold? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 5. Perspiration? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 6. Your mouth becoming dry? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 7. Your muscles becoming tense? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 8. Headaches? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
 never very often
- 9. Changes in heart action? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 10. Increases in rate of heartbeat? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 11. Increases in intensity of heartbeat? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 12. Changes in breathing? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often

HOW OFTEN DO YOU NOTICE:

- 13. Your breathing becomes **more** rapid? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 14. Your breathing becomes **more** deep? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often
- 15. Your breathing becomes **more** shallow? (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
never very often

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										ICC	Code		
16.	Blood rushing to your head?	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
17.	A lump in your throat?	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
18.	Your stomach becoming upset?	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
19.	A sinking or heavy feeling in your stomach?	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
20.	Difficulties in talking?	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
21.	Your bodily sensations becoming bothersome?	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
Rate how often you experience tightness, pain, tingling, or other sensations in the following parts of your body.													
22.	Arms & hands	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
23.	Forehead, scalp , & area around eyes	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
24.	Jaw, mouth, & cheeks	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
25.	Neck	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
26.	Shoulders & upper back	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
27.	Chest	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
28.	Abdomen (stomach)	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
29.	Lower back	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
30.	Hips & buttocks	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-
31.	Legs & feet	(0) never	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8) very often	(9)	-	-

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