

CLINIC USE ONLY:

Clinic No. _____ - _____

TIMI 3 ID No. _____ - _____ B

Form Type PS01

1. Patient's NAME CODE _____

2. Date questionnaire completed _____ / _____ / _____
Month Day Year *fm34day*

3. Date of Entry to TIMI 3 _____ / _____ / _____
Month Day Year *t3enday*

THROMBOLYSIS IN MYOCARDIAL ISCHEMIA

TIMI PATIENT SURVEY

PLEASE GO TO THE NEXT PAGE AND READ INSTRUCTIONS

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We are interested in obtaining additional information regarding events (physical and/or emotional) that may have occurred before you experienced the first episode (new onset or change in your usual chest pain pattern) of REST PAIN. This rest pain may have been in the arm or neck, and not necessarily in/or confined to the chest. This may refer to an episode that did or did not alert you to seek medical attention.

Please read each question carefully. Place a check mark inside the parentheses (✓) to answer the question.

The box labeled "Clinic Use Only" is for filing purposes, and you should not fill it out. The study has taken precautions so that all of your answers will remain confidential.

If you have any questions, please feel free to ask your interviewer. Thank you for your help.

THESE QUESTIONS ASK ABOUT EMPLOYMENT.

4. Have you ever been employed for wages or salary?

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 6.)

A. Which category best describes your occupation? If you are not CURRENTLY employed, which best describes your LAST job? (Check only one answer.)

- Professional, technical, and related occupations (like teachers/
professors, nurses, lawyers, physicians, and engineers) ---- ()₀₁
- Managers, administrators, or proprietors (like sales managers,
or postmasters) ----- ()₀₂
- Clerical and related occupations (like secretaries, clerks or
mail carriers) ----- ()₀₃
- Sales occupations (like salespersons, demonstrators, agents
and brokers) ----- ()₀₄
- Service occupations (like police, cooks, or hairdressers) ---- ()₀₅
- Skilled crafts, repairers, and related occupations (like
carpenters, repairers, or telephone line workers) ----- ()₀₆
- Equipment or vehicle operators and related occupations
(like drivers, railroad brakemen, or sewers) ----- ()₀₇
- Laborers (like helpers, longshoremen, or warehouse
workers) ----- ()₀₈
- Farmers (owners, managers, operators, or tenants) ----- ()₀₉
- Members of the military ----- ()₁₀

1. If military, please check one:

- Commissioned officer ----- ()₁
- Non-commissioned officer ----- ()₂
- Enlisted ----- ()₃
- Other ----- ()₁₁

2. If Other, Describe: _____

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5. Are you CURRENTLY employed for wages or salary?

₁ Yes (Answer Items B-D.) ₂ No (Answer Item A.)

A. Are you retired from your paid employment?

₁ Yes (Skip to Question 6.) ₂ No (Skip to Question 6.)

B. Are you employed: (Check only one answer.)

Full-time (at last 35 hours per week) ----- ₁

Part-time (less than 35 hours per week) ----- ₂

C. How many hours do you work per day? (Check only one answer.)

Less than four hours per day ----- ₁

Four to six hours per day ----- ₂

Greater than six, but no more than eight hours per day ----- ₃

Greater than eight hours per day ----- ₄

D. Do you rotate shifts?

₁ Yes (Answer Item D1.) ₂ No (Skip to Question 6.)

1. Check all of the shifts that you work.

Days ----- ₁

Evenings ----- ₁

Nights ----- ₁

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6. Would you describe yourself as a homemaker (based on your activities within the last two years)?

()₁ Yes

()₂ No

THESE QUESTIONS ASK ABOUT CHEST PAIN.

The next 3 questions relate to that first episode of resting chest pain (new onset or change in usual pattern) you experienced that did or did not alert you to seek medical attention.

7. Where were you when your chest pain started? (Check all that apply.)

- Home ----- whcph1 ()₁
Work ----- whcpn2 ()₁
Visiting ----- whcpn3 ()₁
Travel ----- whcpn4 ()₁
Other (specify) ----- whcpn5 ()₁
-

8. Do you think anything you experienced led to the start of your chest pain?

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 9.) strtpain

A. If "YES," was it" (Check only one answer.)

- Emotional ----- strtpan1 ()₁
Physical ----- ()₂
Both ----- ()₃
Other (specify) ----- ()₄
-

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9. Describe that chest pain episode: (Check all that apply.)

- Pressing ----- paintyp1 ()₁
- Burning ----- paintyp2 ()₁
- Shooting ----- paintyp3 ()₁
- Tearing ----- paintyp4 ()₁
- Stabbing ----- paintyp5 ()₁
- Other (specify) ----- paintyp6 ()₁

THESE QUESTIONS ASK ABOUT REST AND SLEEP.

10. On the day of the episode of resting chest pain, what time did you:

- | | | | |
|----------------|---------------|--------------------------|--|
| | <u>(1-12)</u> | <u>(Circle am or pm)</u> | |
| Wake up | _____ | am pm | |
| Get out of bed | _____ | am pm | |

CLINIC USE ONLY:

wkhr : wkmn
 _____ : _____

uphr : upmn
 _____ : _____

11. Is that your usual wake time?

- usultime
- ()₁ Yes ()₂ No

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12. The day before that episode of resting chest pain, what time did you go to bed?

(1-12) (Circle am or pm)
_____ am pm

CLINIC USE ONLY:

bedhr: bedmn
____:____

13. Did you sleep straight through?

()₁ Yes

()₂ No

slepthru

14. Did you get out of bed during the night?

()₁ Yes

()₂ No

awakngt

THESE QUESTIONS ASK ABOUT USE OF MEDICATION.

15. Did you forget to take any of your medicines (including aspirin) during the 24 hours before that first episode of resting chest pain?

()₁ Yes

()₂ No

()₃ Not taking medicines

missmed

Answer Question 16.

Skip to Question 19.

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16. Did you take your regular medicines at different times than usual during the 24 hours before the first episode of resting chest pain?

()₁ Yes ()₂ No irrmed

17. Were you taking aspirin before that first episode of resting chest pain?

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 18.) takasp

A. If "YES," did you forget to take or skip a dose during the 24 hours before that first episode of resting chest pain?

()₁ Yes ()₂ No misasp24

18. Were you taking a beta blocker (eg., Inderal/Propranolol, Lopressor/Metoprolol, Corgard, Tenormin/Atenolol, or Labetolol/Normodyne/Trandate) before that first episode of resting chest pain?

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 19.) betblk

A. If "YES," did you forget to take or skip a dose during the 24 hours before to that first episode of resting chest pain?

()₁ Yes ()₂ No misblk24

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19. Did you take any additional medication during the 24 hours before that first episode of resting chest pain?

prmed24

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 20.)

A. If "YES," name of medication(s) _____

THESE QUESTIONS ASK ABOUT SMOKING.

20. Have you ever smoked cigarettes?

smoker

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 21.)

A. Do you presently smoke?

pressmok

()₁ Yes (Answer Items B and C.) ()₂ No (Skip to Question 21.)

B. During the 24 hours before the first episode of resting chest pain did the number of cigarettes you usually smoke

altsmk24

Increase ----- ()₁

Decrease ----- ()₂

Stay the same ----- ()₃

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20. (Continued)

- C. During the 24 hours before that first episode of resting chest pain did you smoke an unusually large number of cigarettes in a short period of time?

smoklrge

()₁ Yes

()₂ No

THIS QUESTION ASKS ABOUT DIET.

21. Was the last meal you ate before the first episode of resting chest pain unusually large?

eatlarge

()₁ Yes

()₂ No

THESE QUESTIONS ASK ABOUT GENERAL HEALTH AND ACTIVITY.

22. During the 24 hours before that episode of resting chest pain did you have any flu-like illness such as headache, fever, bodyache or headcold?

prflu24

()₁ Yes

()₂ No

23. Did you have to tense up and strain for a bowel movement during the 24 hours before that episode of resting chest pain?

prbw124

()₁ Yes

()₂ No

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24. Did you have sexual intercourse during the 24 hours before that first episode of resting chest pain?

()₁ Yes ()₂ No prsex24

25. Besides sexual activity, were any episodes of physical exertion during the 24 hours before that first episode of resting chest pain emotionally charged?

()₁ Yes (Answer Item A.) ()₂ No (Skip to Question 26.) prexer24

A. If "YES," while you were exerting yourself were you unusually:
(Check all that apply.)

Excited ----- prexrst1 ()₁
Angry ----- prexrst2 ()₁
Nervous ----- prexrst3 ()₁
Competitive ----- prexrst4 ()₁

26. Is your work mainly (Check only one answer.)

wrktyp
Physically active ----- ()₁
Sedentary (not physically active, for example, working at a desk)-- ()₂
Not currently working ----- ()₃

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27. Is your leisure time mainly (Check only one answer.)

Physically active ----- leistyp ()₁
Sedentary (not physically active) ----- ()₂

28. During the 24 hours before that first episode of resting chest pain did your activity level (Check only one answer.)

Increase ----- preact24 ()₁
Decrease ----- ()₂
Stay the same ----- ()₃

29. Did you lift anything unusually heavy during the 24 hours before that first episode of resting chest pain?

()₁ Yes ()₂ No prlft24

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**THESE QUESTIONS ASK ABOUT EMOTIONAL AND
PSYCHOLOGICAL HEALTH.**

30. Has there been an unsettling/upsetting event in your life recently?

₁ **Yes (Answer Item A.)** ₂ **No (Skip to Question 31.)**

A. If "YES," please indicate time of event(s): (Check all that apply.)

During the 24 hours before the first chest pain episode ---- ₁

25-48 hours before the first chest pain episode ----- ₁

**More than 48 hours but within 1 week before the first
chest pain episode -----** ₁

**More than 1 week but within 1 month before the first
chest pain episode -----** ₁

More than 1 month before the first chest pain episode ---- ₁

31. During the 24 hours before that first episode of resting chest pain, were you more worried or concerned about any of the following areas?

A. Your physical or mental health

₁ **Yes** ₂ **No**

B. Your finances

₁ **Yes** ₂ **No**

C. Any major personal problems

₁ **Yes** ₂ **No**

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31. (Continued)

D. Any minor personal problems

()₁ Yes ()₂ No

E. Your work, including your relationship with your boss, coworkers, employees, or customers

()₁ Yes ()₂ No

F. Your family, including your relationship with your spouse, children or other relatives

()₁ Yes ()₂ No

32. Did you feel that there was an event or situation that led to the onset of that first episode of resting chest pain that wasn't covered in this questionnaire?

()₁ Yes (Answer Items A and B.) ()₂ No (Skip to Question 33.)

**A. If "YES," how often do you experience such an event or situation?
(Check only one answer.)**

Once per day ----- ()₁

Once per week ----- ()₂

Once per month ----- ()₃

Once per year ----- ()₄

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32. (Continued)

B. Do you care to tell us the event?

₁ **Yes (Please describe)** _____

₂ **No**

33. Thank you very much for your cooperation and participation.

Additional comments: _____

T3 Form 34: Data Set Revisions

The following item was recoded:

Item 29: Lift anything heavy

2 records changed from code 8 to missing

The following items are being deleted due to privacy concerns:

Item 4: Ever employed

Item 4A: Occupation

Item 4A1: Military

Item 5: Currently employed

Item 5A: Retired

Item 5B: Full-time or part-time employment

Item 5C: Hours worked per day

Item 5D: Shift rotation

Item 5D1: Day shift

Item 5D2: Evening shift

Item 5D3: Night shift

Item 6: Homemaker

Item 30: Upsetting life events

Item 30A1: Life event during 24 hours before chest pain

Item 30A2: Life event 24-48 hours before chest pain

Item 30A3: Life event 48 hours-1 week before chest pain

Item 30A4: Life event 1week-1month before chest pain

Item 30A5: Life event more than 1 month before chest pain

Item 31A: Health concern during 24 hours before chest pain

Item 31B: Financial concern during 24 hours before chest pain

Item 31C: Major personal problems during 24 hours before chest pain

Item 31D: Minor personal problems during 24 hours before chest pain

Item 31E: Work problems during 24 hours before chest pain

Item 31F: Family problems during 24 hours before chest pain

Item 32: Other event led to chest pain episode

Item 32A: How often experienced

Item 32B: Tell other event

T3B form34**The CONTENTS Procedure**

Data Set Name:	WORK.FORM34	Observations:	93
Member Type:	DATA	Variables:	51
Engine:	V8	Indexes:	0
Created:	10:35 Friday, February 13, 2004	Observation Length:	224
Last Modified:	10:35 Friday, February 13, 2004	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

----Alphabetic List of Variables and Attributes----					
#	Variable	Type	Len	Pos	Label
34	ALTSMK24	Num	4	156	f34q20B: Smoking change
24	AWAKNGT	Num	4	116	f34q14: Out of bed during night
21	BEDHR	Num	4	104	f34q12HR: Time to bed hours
22	BEDMN	Num	4	108	f34q12MN: Time to bed minutes
29	BETBLK	Num	4	136	f34q18: Taking beta blockers
36	EATLARGE	Num	4	164	f34q21: Ate a large meal
50	FM34DAY	Num	8	16	f34q2: Days to form
2	FMTYP	Char	4	216	
26	IRRMED	Num	4	124	f34q16: Took meds at different times
46	LEISTYP	Num	4	204	f34q27: Type of leisure time activities
28	MISASP24	Num	4	132	f34q17A: Forgot aspirin
30	MISBLK24	Num	4	140	f34q18A: Forgot beta blockers
25	MISSMED	Num	4	120	f34q15: Forgot medicine
49	NEWID	Num	8	8	Patient Identification
10	PAINTYP1	Num	4	60	f34q9A: Pressing chest pain
11	PAINTYP2	Num	4	64	f34q9B: Burning chest pain
12	PAINTYP3	Num	4	68	f34q9C: Shooting chest pain
13	PAINTYP4	Num	4	72	f34q9D: Tearing chest pain
14	PAINTYP5	Num	4	76	f34q9E: Stabbing chest pain
15	PAINTYP6	Num	4	80	f34q9F: Other type of chest pain
38	PRBWL24	Num	4	172	f34q23: Bowel move change
47	PREACT24	Num	4	208	f34q28: Activity level

(13FEB04--10:35)

T3B form34**The CONTENTS Procedure**

-----Alphabetic List of Variables and Attributes-----					
#	Variable	Type	Len	Pos	Label
33	PRESSMOK	Num	4	152	f34q20A: Presently smoke
40	PREXER24	Num	4	180	f34q25: Physical exertion
41	PREXRST1	Num	4	184	f34q25A1: Excited
42	PREXRST2	Num	4	188	f34q25A2: Angry
43	PREXRST3	Num	4	192	f34q25A3: Nervous
44	PREXRST4	Num	4	196	f34q25A4: Competitive
37	PRFLU24	Num	4	168	f34q22: Flu-like illness
48	PRLFT24	Num	4	212	f34q29: Lift anything heavy
31	PRMED24	Num	4	144	f34q19: Taking additional medication
39	PRSEX24	Num	4	176	f34q24: Sex before chest pain
1	REV	Num	8	0	Revision
23	SLEPTHRU	Num	4	112	f34q13: Sleep through?
32	SMOKER	Num	4	148	f34q20: Ever smoked cigarettes
35	SMOKLRGE	Num	4	160	f34q20C: Large number cigarettes smoked
8	STRTPAIN	Num	4	52	f34q8: Did something cause chest pain
9	STRTPAN1	Num	4	56	f34q8A: Cause of chest pain
51	T3ENDAY	Num	8	24	f34q3: Days to entry
27	TAKASP	Num	4	128	f34q17: Taking aspirin
18	UPHR	Num	4	92	f34q10BHR: Hour out of bed
19	UPMN	Num	4	96	f34q10BMN: Minute out of bed
20	USULTIME	Num	4	100	f34q11: Usual wake time
3	WHCPN1	Num	4	32	f34q7A: Chest pain started at home
4	WHCPN2	Num	4	36	f34q7B: Chest pain started at work
5	WHCPN3	Num	4	40	f34q7C: Chest pain started while visitin
6	WHCPN4	Num	4	44	f34q7D: Chest pain started while traveli
7	WHCPN5	Num	4	48	f34q7E: Chest pain started other place
16	WKHR	Num	4	84	f34q10AHR: Hour of waking up
17	WKMN	Num	4	88	f34q10AMN: Minute of waking up
45	WRKTYP	Num	4	200	f34q26: Type of work

T3B form34

Variable	Label	Value	N	%	<= 20
REV	Revision	0	93	100.0	
WHCPN1	f34q7A: Chest pain started at home	.	31	33.3	
		1	62	66.7	
WHCPN2	f34q7B: Chest pain started at work	.	73	78.5	
		1	20	21.5	*
WHCPN3	f34q7C: Chest pain started while visitin	.	91	97.8	
		1	2	2.2	*
WHCPN4	f34q7D: Chest pain started while traveli	.	87	93.5	
		1	6	6.5	*
WHCPN5	f34q7E: Chest pain started other place	.	84	90.3	
		1	9	9.7	*
STRTPAIN	f34q8: Did something cause chest pain	1	32	34.4	
		2	61	65.6	
STRTPAN1	f34q8A: Cause of chest pain	.	61	65.6	
		1	15	16.1	*
		2	10	10.8	*
		3	3	3.2	*
		4	4	4.3	*
PAINTYP1	f34q9A: Pressing chest pain	.	18	19.4	*
		1	75	80.6	
PAINTYP2	f34q9B: Burning chest pain	.	66	71.0	
		1	27	29.0	

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Variable	Label	Value	N	%	<= 20
PAIN_TYP3	f34q9C: Shooting chest pain	.	86	92.5	
		1	7	7.5	*
PAIN_TYP4	f34q9D: Tearing chest pain	.	88	94.6	
		1	5	5.4	*
PAIN_TYP5	f34q9E: Stabbing chest pain	.	85	91.4	
		1	8	8.6	*
PAIN_TYP6	f34q9F: Other type of chest pain	.	84	90.3	
		1	9	9.7	*
USULTIME	f34q11: Usual wake time	.	1	1.1	*
		1	69	74.2	
		2	23	24.7	
SLEPTHRU	f34q13: Sleep through?	.	1	1.1	*
		1	38	40.9	
		2	54	58.1	
AWAKNGT	f34q14: Out of bed during night	.	1	1.1	*
		1	53	57.0	
		2	39	41.9	
MISSMED	f34q15: Forgot medicine	1	7	7.5	*
		2	64	68.8	
		3	22	23.7	
IRRMED	f34q16: Took meds at different times	.	22	23.7	
		1	15	16.1	*
		2	56	60.2	

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T3B form34

Variable	Label	Value	N	%	<= 20
TAKASP	f34q17: Taking aspirin	.	22	23.7	
		1	43	46.2	
		2	28	30.1	
MISASP24	f34q17A: Forgot aspirin	.	50	53.8	
		1	3	3.2	*
		2	40	43.0	
BETBLK	f34q18: Taking beta blockers	.	22	23.7	
		1	30	32.3	
		2	41	44.1	
MISBLK24	f34q18A: Forgot beta blockers	.	63	67.7	
		1	3	3.2	*
		2	27	29.0	
PRMED24	f34q19: Taking additional medication	.	1	1.1	*
		1	16	17.2	*
		2	76	81.7	
SMOKER	f34q20: Ever smoked cigarettes	1	70	75.3	
		2	23	24.7	
PRESSMOK	f34q20A: Presently smoke	.	23	24.7	
		1	22	23.7	
		2	48	51.6	
ALTSMK24	f34q20B: Smoking change	.	71	76.3	
		2	4	4.3	*
		3	18	19.4	*

T3B form34

Variable	Label	Value	N	%	<= 20
SMOKLRGE	f34q20C: Large number cigarettes smoked	.	71	76.3	
		1	2	2.2	*
		2	20	21.5	*
EATLARGE	f34q21: Ate a large meal	.	2	2.2	*
		1	8	8.6	*
		2	83	89.2	
PRFLU24	f34q22: Flu-like illness	.	2	2.2	*
		1	16	17.2	*
		2	75	80.6	
PRBWL24	f34q23: Bowel move change	.	3	3.2	*
		1	14	15.1	*
		2	76	81.7	
PRSEX24	f34q24: Sex before chest pain	.	2	2.2	*
		1	15	16.1	*
		2	76	81.7	
PREXER24	f34q25: Physical exertion	.	2	2.2	*
		1	11	11.8	*
		2	80	86.0	
PREXRST1	f34q25A1: Excited	.	90	96.8	
		1	3	3.2	*
PREXRST2	f34q25A2: Angry	.	90	96.8	
		1	3	3.2	*
PREXRST3	f34q25A3: Nervous	.	87	93.5	
		1	6	6.5	*

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Variable	Label	Value	N	%	<= 20
PREXRST4	f34q25A4: Competitive	.	92	98.9	
		1	1	1.1	*
WRKTYP	f34q26: Type of work	1	32	34.4	
		2	31	33.3	
		3	30	32.3	
LEISTYP	f34q27: Type of leisure time activities	.	1	1.1	*
		1	57	61.3	
		2	35	37.6	
PREACT24	f34q28: Activity level	.	1	1.1	*
		1	13	14.0	*
		2	6	6.5	*
		3	73	78.5	
PRLFT24	f34q29: Lift anything heavy	.	2	2.2	*
		1	11	11.8	*
		2	80	86.0	

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Variable	Label	N	Mean	Std Dev	Minimum	Maximum
FM34DAY	f34q2: Days to form	93	5.4	7.7	1.0	74.0
T3ENDAY	f34q3: Days to entry	93	1.1	0.5	0.0	5.0
WKHR	f34q10AHR: Hour of waking up	91	7.1	3.5	2.0	24.0
WKMN	f34q10AMN: Minute of waking up	91	8.7	13.6	0.0	45.0
UPHR	f34q10BHR: Hour out of bed	88	7.8	4.9	1.0	24.0
UPMN	f34q10BMN: Minute out of bed	88	11.7	14.0	0.0	45.0
BEDHR	f34q12HR: Time to bed hours	89	20.4	5.9	0.0	24.0
BEDMN	f34q12MN: Time to bed minutes	89	9.9	15.0	0.0	45.0