

June 14, 1997

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Center: \_\_\_\_\_

Patient Initials: \_\_\_\_\_, \_\_\_\_\_

Rand Number: \_\_\_\_\_

Form  
completed  
by: \_\_\_\_\_

1. Visit:  Pre-randomization  3 month  18 month  30 month  
 deleted 00 03 18 30

2. The following is a list of activities that people often do during the week. Although for some people with several medical problems it is difficult to determine what it is that limits them, please go over the activities listed below and indicate how much limitation you have had due to chest pain, chest tightness, or angina over the past 4 weeks.

*(check one box on each line)*

	Severely Limited	Moderately Limited	Somewhat Limited	A Little Limited	Not Limited	Limited, or did not do for other reasons
a. Dressing yourself deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Walking indoors on level ground deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Showering deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Climbing a hill or a flight of stairs without stopping deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Gardening, vacuuming, or carrying groceries deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Walking more than a block at a brisk pace deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Running or jogging deleted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Lifting or moving heavy objects (e.g. furniture, children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

deleted						
i. Participating in strenuous sports (e.g. swimming, tennis)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
deleted						

WAVE TRIAL	SEATTLE ANGINA QUESTIONNAIRE	FORM W10
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3. Compared with 4 weeks ago, how often do you have chest pain, chest tightness, or angina when doing your most strenuous level of activity?

I have had chest pain, chest tightness or angina ... deleted

Much more often	Slightly more often	About the same	Slightly less often	Much less often
<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9

4. Over the past 4 weeks on average, how many times have you had chest pain, chest tightness, or angina?

I get chest pain, chest tightness, or angina... deleted

4 or more times per day	1-3 times per day	3 or more times per week but not every day	1-2 times per week	Less than once a week	None over the past 4 weeks
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

5. Over the past 4 weeks on average, how many times have you had to take nitros (nitroglycerin tablets) for your chest pain, chest tightness, or angina?

I take nitros... deleted

4 or more times per day	1-3 times per day	3 or more times per week but not every day	1-2 times per week	Less than once a week	None over the past 4 weeks
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

6. How bothersome is it for you to take your pills for chest pain, chest tightness or angina as prescribed?  
deleted

Not My doctor

Very bothersome	Moderately bothersome	Somewhat bothersome	A little bothersome	bothersome at all	has not prescribed pills
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

7. How satisfied are you that everything possible is being done to treat your chest pain, chest tightness, or angina? ~~deleted~~

Not satisfied at all	Mostly dissatisfied	Somewhat satisfied	Mostly satisfied	Highly satisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9

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8. How satisfied are you that with the explanations your doctor has given you about your chest pain, chest tightness, or angina? **deleted**

Not satisfied at all	Mostly dissatisfied	Somewhat satisfied	Mostly satisfied	Highly satisfied
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<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9
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9. Overall, how satisfied are you with the current treatment of your chest pain, chest tightness, or angina? **deleted**

Not satisfied at all	Mostly dissatisfied	Somewhat satisfied	Mostly satisfied	Highly satisfied
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<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9
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10. Over the past 4 weeks, how much has your chest pain, chest tightness or angina interfered with your enjoyment of life? **deleted**

It has severely limited my enjoyment of life	It has moderately limited my enjoyment of life	It has slightly limited my enjoyment of life	It has barely limited my enjoyment of life	It has not limited my enjoyment of life
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<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9
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11. If you had to spend the rest of your life with your chest pain, chest tightness, or angina the way it is now, how would you feel about this? **deleted**

Not satisfied at all	Mostly dissatisfied	Somewhat satisfied	Mostly satisfied	Highly satisfied
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<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9
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12. How often do you worry that you may have a heart attack or die suddenly? **deleted**

I can't stop worrying about it	I often think or worry about it	I occasionally worry about it	I rarely think or worry about it	I never think or worry about it
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<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9
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Summary scales:

<i>Variable Name</i>	<i>Description</i>
EC	Exertional Scale
AS	Angina Stability Scale
AF	Angina Frequency Scale
TS	Treatment Satisfaction
DPS	Disease Perception Scale

For information on how the various summary scales were computed see the following reference.

Spertus JA, Winder JA, Dewhurst TA, Deyo RA, Prodzinski J, McDonell M, Fihn SD. *Development and Evaluation of the Seattle Angina Questionnaire: A new functional status measure for coronary artery disease.* J American College of Cardiology 1995; 25: 333-341