

WORKING  
COPY

WISE ID: \_\_\_\_\_

ID

Name Code: \_\_\_\_\_

PQ DAT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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### WISE PITTSBURGH SYMPTOM QUESTIONNAIRE

1. In the last **12 months** have you felt any of the following uncomfortable sensations or feelings in the upper part of your body that you could not explain or understand?:

- |                                      | Yes | No  |  |
|--------------------------------------|-----|-----|--|
|                                      | 1   | 0   | If yes, where?<br>(Circle any that apply)  |
| 1.1 Pain <i>PAIN</i>                 | ( ) | ( ) | <i>PNCHS PNSDR PNARM PNCNK PNHD PNBCIK</i><br>(Chest, shoulder, arm, neck, hand, back) |
| 1.2 Pressure <i>PLPBR</i>            | ( ) | ( ) | <i>PRCHS PRSDR PRARM PRNCK PRHD PRBCK</i><br>(Chest, shoulder, arm, neck, hand, back)  |
| 1.3 Tightness <i>TIGHT</i>           | ( ) | ( ) | <i>TGCHS TGSDR TGARM TGCK TGHD TGBCIK</i><br>(Chest, shoulder, arm, neck, hand, back)  |
| 1.4 Numbness <i>PNUM</i>             | ( ) | ( ) | <i>NMCHS NMSDR NMARM NMNCK NMHD NMBCIK</i><br>(Chest, shoulder, arm, neck, hand, back) |
| 1.5 Aching <i>ACH</i>                | ( ) | ( ) | <i>ACHS ACSDR ACHAR ACHCK ACHD ACHBK</i><br>(Chest, shoulder, arm, neck, hand, back)   |
| 1.6 Heaviness <i>PGHY</i>            | ( ) | ( ) | <i>HVCHS HVSDR HVARM HVNCK HVHD HVBCIK</i><br>(Chest, shoulder, arm, neck, hand, back) |
| 1.7 Burning <i>PGSEN</i>             | ( ) | ( ) | <i>BCHS BKSDR BRARM BBNCK BRHD BRBCK</i><br>(Chest, shoulder, arm, neck, hand, back)   |
| 1.8 Fluttering <i>FLUT</i>           | ( ) | ( ) | <i>FLCHS FLBCK</i><br>(Chest, back)  |
| 1.9 Indigestion <i>INDIG</i>         | ( ) | ( ) | <i>INCHS INABD INBCK</i><br>(Chest, abdomen, back)                                     |
| 1.10 General Discomfort <i>PGDIS</i> | ( ) | ( ) | <i>GDCHS GDSDR GDARM GDNCK GDHD GDBCK</i><br>(Chest, shoulder, arm, neck, hand, back)  |

1.11 If you checked more than one sensation above, do you generally have all of these sensations each time you feel uncomfortable? 1 ( ) Yes 0 ( ) No

*ALLSEN*

*PGDIS*

2. <sup>SNIZM</sup> On average, how often have you felt these sensations in the past **12 months**?

1 ( ) Every Day      2 ( ) Every Week

3 ( ) Every Month

SENSE

2.1 Number of  
Times/Week 1-21

TMWK

2.2 Number of  
Times/Month 1-31

TMMD

3. In general, how long do the sensations last?

LST60

LST60

- 1 ( ) Less than a minute
- 2 ( ) 1-5 minutes
- 3 ( ) 5-20 minutes
- 4 ( ) 20-60 minutes
- 5 ( ) More than 60 minutes

4. What activity or movement relieves the uncomfortable sensation?

ACTR 1

ACTR 2

5. When you experience the MOST uncomfortable sensations would you be able to do the following things for yourself and/or your family?

		ABLE		
		No, Not at all able 0	Yes, Somewhat able 1	Yes, Very able 2
5.1	WKF LT Walk on flat or level ground?	()	()	()
5.2	BATHE Bathe or dress yourself?	()	()	()
5.3	COOK Cooking or preparing a meal?	()	()	()
5.4	DRIVE Drive a car?	()	()	()
5.5	LAUHW Do laundry or housework?	()	()	()
5.6	GARDN Garden?	()	()	()
5.7	SHOP Shop with friends or family?	()	()	()
5.8	CARRY Carry a child or groceries?	()	()	()
5.9	WKUPH Walk uphill or climb stairs?	()	()	()
5.10	PLAY Play with a child?	()	()	()