ID { WISE ID________________
Name Code: __ __ __ __ __

ISDAT Date: ___/___/___
mm dd yy

Procedure PROCE
PRONO

WISE INTERVIEW:

PROCEDURE SYMPTOMS QUESTIONNAIRE

1. During the procedure, did you feel any type of uncomfortable sensation in any of the following locations? SENSE

1 ( ) Yes----> Check all positions that apply and check the specific side, for example, left, center or right.

( ) Chest POSCH	Left CHLEF	Center CHCEN	Right CHRIG
( ) Neck POSNE	Left NELEF	Center NECEN	Right NERIG
( ) Back POSBA	Upper BAUPP	Middle BAMID	Lower BALOW
( ) Shoulder POSSH	Left SHLEF	Right SHRIG	Both SHBOT
( ) Arm POSAR	Left ARLEF	Right ARRIG	Both ARBOT
( ) Hand POSHA	Left HALEF	Right HARIG	Both HABOT
( ) Jaw POSJW	Left JWLEF	Right JWRIG	Both JWBOT
( ) Throat THROA			
( ) Esophagus ESOPH			
( ) Stomach STOMA			
POSOT ( ) Other, Specify: POTSP			

0 ( ) No----> STOP HERE

2. Here are some words that may help to describe this uncomfortable sensation. Please mark the words that apply to the sensation you experienced during this procedure:

1 ( ) Discomfort DISCO	2 ( ) Tightness TIGHT	3 ( ) Indigestion INDIG	4 ( ) Nausea NAUSE
5 ( ) Pain PAIN	6 ( ) Numbness NUMBN	7 ( ) Choking CHOKI	8 ( ) Sharp/knife like SHARP
9 ( ) Pressure PRESS	10 ( ) Aching ACHIN	11 ( ) Burning BURNI	12 ( ) None of the above NONEO

If none of these words describes your sensations, please use your own: NODES
____

3. Did the quality of this sensation seem similar to the symptoms you were experiencing that led to this testing? QUALS

SIMILAR

- 1 () Yes
- 0 () No
- 2 () I was not having symptoms prior to this testing

4. Please use the following scale to describe the intensity of your uncomfortable sensation during this procedure: (Please check one) INTEN

- 1 () Tolerable, no relief needed
- 2 () Tolerable, relieved with usual measures
- 3 () Tolerable, not relieved with usual measures
- 4 () Not tolerable, relieved with usual measures
- 5 () Not tolerable, not relieved with usual measures

5. How long did it last? Check only one: LAST

- 1 () Less than one minute
- 2 () 1 - 5 minutes
- 3 () 5 - 15 minutes
- 4 () 15 - 30 minutes
- 5 () More than 30 minutes