AVID

Patient Quality of Life: Yearly

_____ Year

days43

Date completed: ☐☐/☐☐/☐☐☐☐ (month / day / year)

☐☐-☐☐☐-☐ ☐☐☐☐ Affix Patient ID # Here seqnum43

The information in this questionnaire is extremely important. Thank you very much for taking the time to fill it out.

INSTRUCTIONS: This form is to be completed by the AVID patient without help from others (for example, with reading or translation). If this is not possible, please check this box ☐ and return the form in the envelope provided.

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. Place a √ in the box of your choice, like this: ☑. If you are unsure about how to answer a question, please give the best answer you can. If you make a mistake, erase it completely.

Did you complete this form during your clinic visit? yes ☐ no ☐

clinic43

Section A

1. In general, would you say your health is: Place a √ in one box.

pa143

- Excellent ☐ 1
- Very Good ☐ 2
- Good ☐ 3
- Fair ☐ 4
- Poor ☐ 5

2. Compared to one year ago, how would you rate your health in general now? Place a √ in one box.

pa243

- Much better now than one year ago ☐ 1
- Somewhat better now than one year ago ☐ 2
- About the same as one year ago ☐ 3
- Somewhat worse now than one year ago ☐ 4
- Much worse now than one year ago ☐ 5

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rtnum43

3. **The following items are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? Place a √ in one box in each row.**

Activities		Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	pa3a43	☐ 1	☐ 2	☐ 3
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	pa3b43	☐ 1	☐ 2	☐ 3
Lifting or carrying groceries	pa3c43	☐ 1	☐ 2	☐ 3
Climbing **several** flights of stairs	pa3d43	☐ 1	☐ 2	☐ 3
Climbing **one** flight of stairs	pa3e43	☐ 1	☐ 2	☐ 3
Bending, kneeling, or stooping	pa3f43	☐ 1	☐ 2	☐ 3
Walking **more than a mile**	pa3g43	☐ 1	☐ 2	☐ 3
Walking **several blocks**	pa3h43	☐ 1	☐ 2	☐ 3
Walking **one block**	pa3i43	☐ 1	☐ 2	☐ 3
Bathing or dressing yourself	pa3j43	☐ 1	☐ 2	☐ 3

4. **During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>? Place a √ in one box on each line.**

	Yes	No	
Cut down the **amount of time** you spent on work or other activities	☐ 1	☐ 2	pa4a43
Accomplished less than you would like	☐ 1	☐ 2	pa4b43
Were limited in the **kind** of work or other activities	☐ 1	☐ 2	pa4c43
Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	pa4d43

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5. **During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)? Place a √ in one box on each line.**

	Yes	No	
Cut down the **amount of time** you spent on work or other activities	☐ 1	☐ 2	pa5a43
Accomplished less than you would like	☐ 1	☐ 2	pa5b43
Didn't do work or other activities as **carefully** as usual	☐ 1	☐ 2	pa5c43

6. **During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Place a √ in one box.**

- Not at all ☐ 1
- Slightly ☐ 2
- Moderately ☐ 3 pa643
- Quite a bit ☐ 4
- Extremely ☐ 5

7. **How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>? Place a √ in one box.**

- None ☐ 1
- Very mild ☐ 2
- Mild ☐ 3
- Moderate ☐ 4 pa743
- Severe ☐ 5
- Very severe ☐ 6

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8. **During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework) ? Place a √ in one box.**

Not at all	☐ 1	
A little bit	☐ 2	
Moderately	☐ 3	pa843
Quite a bit	☐ 4	
Extremely	☐ 5	

9. **These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>...**

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time	
Did you feel full of pep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9a43
Have you been a very nervous person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9b43
Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9c43
Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9d43
Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9e43
Have you felt downhearted and blue?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9f43
Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9g43
Have you been a happy person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9h43
Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	pa9i43

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10. During the past 4 weeks, how much of the time has your physical health or emotional problems interefered with social activities (like visiting with friends, relatives, etc.)?
Place a √ in one box.

All of the time	☐ 1	pa1043
Most of the time	☐ 2	
Some of the time	☐ 3	
A little of the time	☐ 4	
None of the time	☐ 5	

11. How TRUE or FALSE is each of the following statements for you?
Place a √ in one box on each line.

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people.	pa11a43	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I am as healthy as anybody I know.	pa11b43	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I expect my health to get worse.	pa11c43	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
My health is excellent.	pa11d43	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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This questionnaire includes the SF-36 Health Survey, item numbers 1 to 11 in this questionnaire.

SECTION B

1. In the past 3 months, have you experienced:

Cardiovascular	Yes	No	
Fast pulse (>100 bpm) or heart racing	☐ 1	☐ 2	pc143
Palpitations or flip-flopping of heart	☐ 1	☐ 2	pc243
Dizziness or near fainting	☐ 1	☐ 2	pc343
Passing out	☐ 1	☐ 2	pc443
Angina	☐ 1	☐ 2	pc543
Shortness of breath	☐ 1	☐ 2	pc643
Difficulty walking	☐ 1	☐ 2	pcdw43

Neurological	Yes	No	
Tremors or shaking of hands	☐ 1	☐ 2	pc743
Numbness or tingling	☐ 1	☐ 2	pc843
Coldness in hands/feet	☐ 1	☐ 2	pc943
Headaches	☐ 1	☐ 2	pc1043
Restlessness, nervousness	☐ 1	☐ 2	pc1143
Confusion	☐ 1	☐ 2	pc1243
Short-term memory loss	☐ 1	☐ 2	pc1343
Long-term memory loss	☐ 1	☐ 2	pc1443
Ringing in ears	☐ 1	☐ 2	pc1543

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	Yes	No	
Visual			
Blurred vision	☐ 1	☐ 2	pc1643
Halo vision or seeing lights around things	☐ 1	☐ 2	pc1743
Sensitivity to light	☐ 1	☐ 2	pc1843
Problems sleeping			
Difficulty falling asleep	☐ 1	☐ 2	pc1943
Interrupted sleep	☐ 1	☐ 2	pc2043
Insomnia	☐ 1	☐ 2	pc2143
Nightmares	☐ 1	☐ 2	pc2243
Gastrointestinal			
Nausea	☐ 1	☐ 2	pc2343
Vomitting	☐ 1	☐ 2	pc2443
Constipation	☐ 1	☐ 2	pc2543
Diarrhea	☐ 1	☐ 2	pc2643
Heartburn	☐ 1	☐ 2	pc2743
Abdominal pain	☐ 1	☐ 2	pc2843
Metallic taste in your mouth	☐ 1	☐ 2	pc2943
Dermatological			
Skin rash	☐ 1	☐ 2	pc3043
Burning or prickling of skin or eyes	☐ 1	☐ 2	pc3143
Genito-urinary			
Difficulty in urinating	☐ 1	☐ 2	pc3243
Reduced sexual activity	☐ 1	☐ 2	pc3343

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Feeling fearful about:	Yes	No		
Getting an attack	☐ 1	☐ 2		pc3443
Heart stopping	☐ 1	☐ 2		pc3543
Not being resuscitated	☐ 1	☐ 2		pc3643
Dying	☐ 1	☐ 2		pc3743
ICD firing off	☐ 1	☐ 2	3 ☐ no device	pc3843
ICD not firing off	☐ 1	☐ 2	3 ☐ no device	pc3943

Feeling particularly anxious about situations such as:	Yes	No	
A family problem	☐ 1	☐ 2	pc4043
A financial problem	☐ 1	☐ 2	pc4143
Your health	☐ 1	☐ 2	pc4243
Your future	☐ 1	☐ 2	pc4343

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Have you experienced feeling:	Yes	No	
Dependent on others	☐ 1	☐ 2	pc4443
Other people making you feel dependent	☐ 1	☐ 2	pc4543
Sad	☐ 1	☐ 2	pc4643
Hopeless	☐ 1	☐ 2	pc4743
Frustrated	☐ 1	☐ 2	pc4843
Irritable	☐ 1	☐ 2	pc4943
Disinterested in what is going on around you	☐ 1	☐ 2	pc5043
Decreased energy	☐ 1	☐ 2	pc5143
Increased energy	☐ 1	☐ 2	pc5243
Drowsiness	☐ 1	☐ 2	pc5343
Tiredness	☐ 1	☐ 2	pc5443
Feeling anxious in general	☐ 1	☐ 2	pc5543
Increased sense of well-being	☐ 1	☐ 2	pc5643
Improved confidence or outlook	☐ 1	☐ 2	pc5743

If you have experienced any concerns not addressed above, please describe:

_____

_____

_____

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Section C

1. How do you feel about your life at the present time? pb143

(Check under the number that best describes your life)

Worst Possible Life										Best Possible Life
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

2. In the past four weeks, has your heart rhythm problem

- Prevented you from driving ☐ 1
- Reduced the amount of driving you do ☐ 2 pb543
- Had no impact on your driving ☐ 3
- Did not drive prior to heart rhythm problem ☐ 4

3. Over the <u>past 4 weeks</u>, how much has your heart rhythm problem interfered with your enjoyment of life?

- It has severely limited my enjoyment of life ☐ 1
- It has moderately limited my enjoyment of life ☐ 2
- It has slightly limited my enjoyment of life ☐ 3 pb843
- It has barely limited my enjoyment of life ☐ 4
- It has not limited my enjoyment of life ☐ 5

4. If you had to spend the rest of your life with your heart rhythm problem the way it is right now, how would you feel about this?

- Not satisfied at all ☐ 1
- Mostly dissatisfied ☐ 2
- Somewhat satisfied ☐ 3
- Mostly satisfied ☐ 4
- Highly satisfied ☐ 5

pb943

5 How often do you worry that you may die suddenly?

- I can't stop worrying about it ☐ 1
- I often think or worry about it ☐ 2
- I occasionally worry about it ☐ 3
- I rarely think or worry about it ☐ 4
- I never think or worry about it ☐ 5

pb1043

6. Over the <u>past 4 weeks</u>, how much has your heart condition limited your ability to have sexual intercouse?

- I have been severely limited ☐ 1
- I have been moderately limited ☐ 2
- I have been somewhat limited ☐ 3
- I have been a little limited ☐ 4
- I have not been limited ☐ 5
- No opportunity, or did not do for other reasons ☐ 6

pb1143

7. Has your physician asked you to reduce your activities in the following areas?

	Yes	No	
Work	☐ 1	☐ 2	pb13a43
Driving	☐ 1	☐ 2	pb13b43
Amount of physical activity	☐ 1	☐ 2	pb13c43

8. Are you currently participating in a support group related to your heart rhythm problem?

Yes ☐ 1

pe1243

No ☐ 2

9. Are you currently participating in a cardiac rehabilitation program related to your heart rhythm problem?

Yes ☐ 1

pe1343

No ☐ 2

Section D

This section asks for your views about the support that is available to you.

1. **During the past month was someone available to help you if you needed and wanted help (for example, if you needed someone to talk to or if you needed help with daily chores)? Place a √ in one box.**

Yes, as much as I wanted	☐ 1
Yes, quite a bit	☐ 2
Yes, a fair amount	☐ 3
Yes, a little bit	☐ 4
No, not at all	☐ 5

pe1043

2. **What is your current marital status? Place a √ in one box.**

Married or living as married	☐ 1
Widowed	☐ 2
Separated	☐ 3
Divorced	☐ 4
Never married	☐ 5

pe143

3. **Do you live alone?** Yes ☐ 1 No ☐ 2

pe2a43

4. **Compared to others your age, are your social activities more or less limited because of your heart rhythm problem?**

Much more limited than others	☐ 1
Somewhat more limited than others	☐ 2
About the same as others	☐ 3
Somewhat less limited than others	☐ 4
Much less limited than others	☐ 5

pe943

Section E

1. **The word stress is used to describe what happens when you get "hassled" or "harried," when things come crashing in on you, or when things start getting to you more than they usually do.**

   On a scale from 0 (none) to 10 (a great deal), which number best represents how much stress you have been under for the past year?

   (Check under the number that best describes you)

pd343

None										A Great Deal
0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

For each of the following, please choose the answer that best describes how satisfied you are with that area of your life. Place a √ in one box on each line.

1. How satisfied are you with:

		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
pfs143	• Your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs243	• The health care you are receiving?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs343	• The amount of chest pain (angina) that you have?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs443	• Your ability to breathe without shortness of breath?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs5430	• The amount of energy you have for everyday activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs643	• Your physical independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs743	• The amount of control you have over your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs843	• Your potential to live a long time?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs943	• Your family's health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1043	• Your children?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1143	• Your family's happiness?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1243	• Your relationship with your spouse/significant other?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1343	• Your sex life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1443	• Your friends?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1543	• The emotional support you get from others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1643	• Your ability to meet family responsibilities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1743	• Your usefulness to others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs1843	• The amount of stress or worries in your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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How satisfied are you with:

		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
pfs1943	• Your home?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2043	• Your neighborhood?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2143	• Your standard of living?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2243	• Your job? (If employed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2343	• Not having a job? (If unemployed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2443	• Your education?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2543	• Your financial independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2643	• Your leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2743	• Your ability to travel on vacations?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2843	• Your potential for a happy old age/retirement?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs2943	• Your peace of mind?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3043	• Your personal faith in God?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3143	• Your achievement of personal goals?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3243	• Your happiness in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3343	• Your life in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3443	• Your personal appearance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3543	• Yourself in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3643	• The changes in your life that you have had to make because of your heart problem (for example, changes in diet, physical activity and/or smoking?)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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How satisfied are you with:

		Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
pfs3743	• The number of medications you are taking for your heart rhythm problem?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3843	• How the treatment has affected your appearance? . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfs3943	• The effectiveness of your medical treatment?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

For each of the following, please choose the answer that best describes how important that area of your life is to you. Place a √ in one box on each line.

2. How important to you is:

		Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
pfi143	• Your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi243	• Health care?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi343	• Being completely free of chest pain (angina)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi443	• Being able to breathe without shortness of breath?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi543	• Having enough energy for everyday activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi643	• Your physical independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi743	• Having control over your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi843	• Living a long time?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi943	• Your family's health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1043	• Your children?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1143	• Your family's happiness?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1243	• Your relationship with your spouse/significant other?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1343	• Your sex life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1443	• Your friends?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1543	• The emotional support you get from others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1643	• Meeting family responsibilities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1743	• Being useful to others?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi1843	• Having a reasonable amount of stress or worries?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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How important to you is:

		Very Unimportant	Moderately Unimportant	Slightly Unimportant	Slightly Important	Moderately Important	Very Important
pfi1943	• Your home?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2043	• Your neighborhood?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2143	• A good standard of living?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2243	• Your job? (If employed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2343	• To have a job? (If unemployed)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2443	• Your education?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2543	• Your financial independence?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2643	• Leisure time activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2743	• The ability to travel on vacations?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2843	• Having a happy old age/retirement?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi2943	• Peace of mind?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3043	• Your personal faith in God?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3143	• Achieving your personal goals?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3243	• Your happiness in general?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3343	• Being satisfied with life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3443	• Your personal appearance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3543	• Yourself?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
pfi3643	• The changes in your life that you have had to make because of your heart problem (for example, changes in diet, physical activity and/or smoking?)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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