The National Database for Cardiac Rehabilitation

QUESTIONNAIRE MASTERS
Assessment 3

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WHY WE'D LIKE YOUR HELP

We have to record what we do so that the Department of Health can check that cardiac rehabilitation is reaching all of the people who need it.

It is also very helpful for us to know how what we are doing here compares with what other rehabilitation programmes achieve so that if necessary we can improve our local programme.

We are often asked to describe what we have accomplished by local managers who control the budget for rehabilitation and to continue to get funding we need to show them what we achieve.

For all of these reasons we have developed a National Dataset for Cardiac Rehabilitation, a set of questionnaires and a database so that the same information can be collected in every rehabilitation programme in the UK.

WHAT WE'D LIKE YOU TO DO

We would be very grateful if you would help us by filling in the questionnaires we will give you 3 times over the next 12 months. It should only take 10 minutes or so each time.

WHAT YOU NEED TO KNOW

The information you give us is stored in an anonymous fashion, you cannot be identified by others.

Taking part will not effect your treatment in any way.

If you want to stop completing the questionnaires at any time or want to ask for any further information please contact …………………………….

THANK YOU FOR YOUR HELP

Name: ……………………………………………………………..

Date: ………………………………………………

PILLS, SMOKING AND WEIGHT/HEIGHT

Are you currently taking these 5 medicines for your heart (please tick a Yes or a No for each one)

1. Aspirin or other antiplatelet agent No ☐ Yes ☐

if allergic to aspirin you may be taking: Clopidogrel or Dipyridamole

2. ACE inhibitor and angiotensin II receptor blockers (A2RBs) No ☐ Yes ☐

Examples include:

captopril (*Capoten, Capozide*)
enalapril (*Innovace*)
imidapril (*Tanatril*)
moexipril (*Perdix*)
quinapril (*Accupro*)
trandolapril (*Gopten, Odrik*)
candesartan cilexietil (*Amias*)
irbesartan (*Aprovel*)
olmesartan (*Olmetec*)
cilazapril (*Vascase*)
fosinopril (*Staril*)
lisinopril (*Carace, Zestril*)
perindopril (*Coversyl Plus*)
ramipril (*Tritace*)
valsartan (*Diovan*)
eprosartan (*Teveten*)
losartan (*Cozaar*)
telmisartan (*Amias*)

3. Beta Blocker No ☐ Yes ☐

Examples include:

acebutolol (*Sectral*)
betaxolol (*Betoptic*)
carvedilol (*Eucardic*)
esmolol (*Brevibloc*)
metoprolol (*Betaloc*, *Lopresor*)
nebivolol (*Nebilet*)
pindolol (*Visken*)
atenolol (*Atenix*, *Tenormin*)
bisoprolol (*Cardicor*, *Emcor*)
celiprolol (*Celectol*)
labetalol (*Trandate*)
nadolol (*Corgard*)
oxyprenol (*Trasicor*)
sotalol (*Beta-Cardone*, *Sotacor*)

4. Cholesterol pills (Statins) No ☐ Yes ☐

Examples include:

simvastatin (*Zocor*)
atorvastatin (*Lipitor*)
fluvastatin (Lescol)
pravastatin (*Lipostat*)
rosuvastatin (C*restor*)

5. Omega 3 No ☐ Yes ☐

Examples include:

omacor

SMOKING

Have you smoked in the last 4 weeks? No ☐ Yes ☐

Weight (kg) and Height (m):

Weight [ ] kg or [ ] st [ ] lbs

Height [ ] m or [ ] ft [ ] inches

Waist Circumference [ ] cm or [ ] inches

HAD Scale

Name: Date:

Doctors are aware that emotions play an important part in most illnesses. If your doctor knows about these feelings he will be able to help you more.
This questionnaire is designed to help your doctor to know how you feel. Read each item and place a firm tick in the box opposite the reply which comes closest to how you have been feeling in the past week.
Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought-out response.

Tick only one box in each section

I feel tense or 'wound up':
- Most of the time ....
- A lot of the time ....
- Time to time, Occasionally ....
- Not at all ....

I still enjoy the things I used to enjoy:
- Definitely as much ....
- Not quite so much ....
- Only a little ....
- Hardly at all ....

I get a sort of frightened feeling as if something awful is about to happen:
- Very definitely and quite badly ....
- Yes, but not too badly ....
- A little, but it doesn't worry me ......
- Not at all ....

I can laugh and see the funny side of things:
- As much as I always could ....
- Not quite so much now ....
- Definitely not so much now ....
- Not at all ....

Worrying thoughts go through my mind:
- A great deal of the time ....
- A lot of the time ....
- From time to time but not too often .
- Only occasionally ....

I feel cheerful:
- Not at all ....
- Not often ....
- Sometimes ....
- Most of the time ....

I can sit at ease and feel relaxed:
- Definitely ....
- Usually ....
- Not often ....
- Not at all ....

I feel as if I am slowed down:
- Nearly all the time ....
- Very often ....
- Sometimes ....
- Not at all ....

I get a sort of frightened feeling like 'butterflies' in the stomach:
- Not at all ....
- Occasionally ....
- Quite often ....
- Very often ....

I have lost interest in my appearance:
- Definitely ....…………
- I don't take so much care as I should
- I may not take quite as much care ..
- I take just as much care as ever ......

I feel restless as if I have to be on the move:
- Very much indeed ....
- Quite a lot ... .
- Not very much ....
- Not at all ....

I look forward with enjoyment to things:
- As much as ever I did ....
- Rather less than I used to ....
- Definitely less than I used to ....
- Hardly at all ....

I get sudden feelings of panic:
- Very often indeed ....
- Quite often ... .
- Not very often ....
- Not at all ....

I can enjoy a good book or radio or TV programme:
- Often ....
- Sometimes ....
- Not often ....…
- Very seldom ....

Do not write below this line

PHYSICAL ACTIVITY

1 Considering a 7-day period (a week), how many times on average do you do the following kinds of exercise for **more than 15 minutes**? (write the appropriate number in the boxes)

Number of times

a. Strenuous Activity (heart beats rapidly/tiring)
(e.g. running, jogging, vigorous long distance cycling, circuit training, aerobic dance, skipping, football, squash, basketball, roller skating, vigorous swimming) ☐

b. Moderate Activity (not exhausting)
(e.g. fast walking, mowing the lawn, tennis, easy cycling, badminton, easy swimming, ballroom dancing, fast or high step-ups) ☐

c. Mild Activity (minimal effort)
(e.g. easy walking, slow dancing, standing active fishing, bowling, golf, low step-ups) ☐

2 Considering a **7-day period** (a week), how often do you engage in any regular activity long enough to work up a sweat? (heart beats rapidly)

Please tick only one box

A Often ☐

B Sometimes ☐

C Never/Rarely ☐

3 Do you take regular physical activity of at least 30 minutes duration on average 5 times a week?

Please tick only one box

YES ☐ **NO** ☐

THANK YOU

QUALITY OF LIFE

PHYSICAL FITNESS. During the past week what was the hardest physical activity you could do for at least 2 minutes? (Place a tick in the box next to the one you feel best describes your fitness)

Very heavy, for example: run at a fast pace or carry a heavy load upstairs or uphill (25 lbs / 10 kgs)		1
Heavy: for example: jog, slow pace or climb stairs or a hill at moderate pace		2
Moderate: for example: walk at medium pace or carry a heavy load on level ground (25 lbs / 10 kgs)		3
Light: for example: walk, medium pace or carry a light load on level ground (10 lbs / 5 kgs)		4
Very light: for example: walk at a slow pace, wash dishes		5

FEELINGS. During the past week how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue? (Place a tick in the box next to the one you feel best describes your feelings)

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

DAILY ACTIVITIES. During the past week how much difficulty have you had doing your usual activities or task, both inside and outside the house because of your physical and emotional health?

No difficulty at all		1
A little bit of difficulty		2
Some difficulty		3
Much difficulty		4
Could not do		5

SOCIAL ACTIVITIES. During the past week has your physical and emotional health limited your social activities with family, friends, neighbours or groups?

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

PAIN. During the past week how much bodily pain have you generally had?

No pain		1
Very mild pain		2
Mild pain		3
Moderate pain		4
Severe pain		5

CHANGE IN HEALTH. How would you rate your overall health now compared to a week ago?

Much better		1
A little better		2
About the same		3
A little worse		4
Much worse		5

OVERALL HEALTH. During the past week how would you rate your health in general?

Excellent		1
Very good		2
Good		3
Fair		4
Poor		5

SOCIAL SUPPORT. During the past week was someone available to help you if you needed and wanted help? For example:

- if you felt nervous, lonely, or blue,
- got sick and had to stay in bed,
- needed someone to talk to,
- needed help with daily chores,
- needed help with taking care of yourself

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

QUALITY OF LIFE. How have things been going for you during the past week?

Very well: could hardly be better		1
Pretty good		2
Good & bad parts about equal		3
Pretty bad		4
Very bad: could hardly be worse		5

Please check that you have ticked or circled one answer for every question on all 3 pages

THANK YOU

WORK AND EMPLOYMENT

Please complete your employment status as it is at the time of completing

IF YOU ARE IN PAID WORK, OR CURRENTLY LOOKING FOR WORK AND COULD START IN THE NEXT 2 WEEKS, OR ARE RETRAINING FOR WORK, CHOOSE ONE BOX FROM THE GREY BOX

IF YOU ARE NOT PAID, OR ARE ON TEMPORARY OR LONGTERM SICKNESS BENEFITS, PLEASE CHOOSE ONE BOX FROM THE WHITE BOX.

please choose one only		please choose one only	
Employed full time	☐1	**Looking after family/home**	☐7
Employed part time	☐2	**Retired**	☐8
Self-employed full time	☐3	**Permanently sick / disabled**	☐9
Self-employed part time	☐4	**Temporarily sick or injured**	☐10
Unemployed looking work	☐5	**Student**	☐11
Gov. training course	☐6	**Other reasons**	☐12

Patient Name: ____________________

THANK YOU FOR YOUR HELP
THE INFORMATION WILL BE USED TO IMPROVE
OUR SERVICES TO YOU