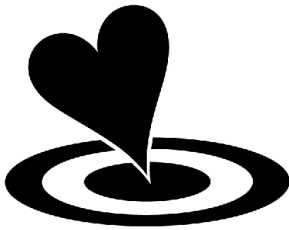


ACS

Date returned:



**Brisbane
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Affix label here
OR

NAME: _____
D.O.B: _____
U.R: _____

MacNew Heart Disease Health - Related Quality of Life Questionnaire

We would now like to ask you some questions about how you have been feeling **DURING THE LAST 2 WEEKS.**

Please check the box that matches your answer

1. *In general, how much of the time during the last 2 weeks have you felt frustrated, impatient or angry?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

2. *How often during the last 2 weeks have you felt worthless or inadequate?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

3. *In the last 2 weeks, how much of the time did you feel very confident and sure that you could deal with your heart problem?*

- 1 NONE OF THE TIME
- 2 A LITTLE OF THE TIME
- 3 SOME OF THE TIME
- 4 A GOOD BIT OF THE TIME
- 5 MOST OF THE TIME
- 6 ALMOST ALL OF THE TIME
- 7 ALL OF THE TIME

4. *In general how much of the time did you feel discouraged or down in the dumps during the last 2 weeks?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

5. *How much of the time during the past 2 weeks did you feel relaxed and free of tension?*

- 1 NONE OF THE TIME
- 2 A LITTLE OF THE TIME
- 3 SOME OF THE TIME
- 4 A GOOD BIT OF THE TIME
- 5 MOST OF THE TIME
- 6 ALMOST ALL OF THE TIME
- 7 ALL OF THE TIME

6. *How often during the last 2 weeks have you felt worn out or low in energy?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

7. *How happy, satisfied, or pleased have you been with your personal life during the last 2 weeks?*

- 1 VERY DISSATISFIED, UNHAPPY MOST OF THE TIME
- 2 GENERALLY DISSATISFIED, UNHAPPY
- 3 SOMEWHAT DISSATISFIED, UNHAPPY
- 4 GENERALLY SATISFIED, PLEASD
- 5 HAPPY MOST OF THE TIME
- 6 VERY HAPPY MOST OF THE TIME
- 7 EXTREMELY HAPPY, COULD NOT HAVE BEEN MORE SATISFIED OR PLEASD

8. *In general, how often during the last 2 weeks have you felt restless, or as if you were having difficulty trying to calm down?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

9. *How much shortness of breath have you experienced during the last 2 weeks while doing your day-to-day physical activities?*

- 1 EXTREME SHORTNESS OF BREATH
- 2 VERY SHORT OF BREATH
- 3 QUITE A BIT OF SHORTNESS OF BREATH
- 4 MODERATE SHORTNESS OF BREATH
- 5 SOME SHORTNESS OF BREATH
- 6 A LITTLE SHORTNESS OF BREATH

7 NO SHORTNESS OF BREATH

10. *How often during the last 2 weeks have you felt tearful, or like crying?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

11. *How often during the last 2 weeks have you felt as if you are more dependent than you were before your heart problem?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

12. *How often during the last 2 weeks have you felt you were unable to do your usual social activities, or social activities with your family?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

13. *How often during the last 2 weeks have you felt as if others no longer have the same confidence in you as they did before your heart problem?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME

7 NONE OF THE TIME

14. *How often during the last 2 weeks have you experienced chest pain while doing your day-to-day activities?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

15. *How often during the last 2 weeks have you felt unsure of yourself or lacking in self-confidence?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

16. *How often during the last 2 weeks have you been bothered by aching or tired legs?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

17. *During the last 2 weeks, how much have you been limited in doing sports or exercise as a result of your heart problem?*

- 1 EXTREMELY LIMITED
- 2 VERY LIMITED
- 3 LIMITED QUITE A BIT
- 4 MODERATELY LIMITED
- 5 SOMEWHAT LIMITED
- 6 LIMITED A LITTLE
- 7 NOT LIMITED AT ALL

18. *How often during the last 2 weeks have you felt apprehensive or frightened?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

19. *How often during the last 2 weeks have you felt dizzy or lightheaded?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

20. *In general during the last 2 weeks, how much have you been restricted or limited as a result of your heart problem?*

- 1 EXTREMELY LIMITED
- 2 VERY LIMITED
- 3 LIMITED QUITE A BIT
- 4 MODERATELY LIMITED
- 5 SOMEWHAT LIMITED
- 6 LIMITED A LITTLE
- 7 NOT LIMITED AT ALL

21. *How often during the last 2 weeks have you felt unsure as to how much exercise or physical activity you should be doing?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

22. *How often during the last 2 weeks have you felt as if your family is being over-protective toward you?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

23. *How often during the past 2 weeks have you felt as if you were a burden on others?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

24. *How often during the past 2 weeks have you felt excluded from doing things with other people because of your heart problem?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

25. *How often during the past 2 weeks have you felt unable to socialise because of your heart problem?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

26. *In general, during the last 2 weeks how much have you been physically restricted or limited as a result of your heart problem?*

- 1 EXTREMELY LIMITED
- 2 VERY LIMITED
- 3 LIMITED QUITE A BIT
- 4 MODERATELY LIMITED
- 5 SOMEWHAT LIMITED
- 6 LIMITED A LITTLE
- 7 NOT LIMITED AT ALL

27. *How often during the last 2 weeks have you felt your heart problem limited or interfered with sexual intercourse?*

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 A GOOD BIT OF THE TIME
- 4 SOME OF THE TIME
- 5 A LITTLE OF THE TIME
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME
- NOT APPLICABLE

That's the end.

Thanks very much for answering the questions.

[July 2000]