Case Report Form

Quality of Life Instrument. Follow up 2-4 week

OSTAMI

FONDAZIONE I.R.C.A.B.

In the last two weeks

		None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	Almost all of the time	All of the time
QOL1a/b/c/d/e/f/g	How much of the time have you felt frustrated, impatient or angry?	O	O	O	O	O	O	O
QOL2a/b/c/d/e/f/g	How often have you felt worthless or inadequate?	O	O	O	O	O	O	O
QOL3a/b/c/d/e/f/g	How much of the time did you feel very confident and sure that you could deal with your heart problem?	O	O	O	O	O	O	O
QOL4a/b/c/d/e/f/g	How much of the time did you feel discouraged or down in the dumps?	O	O	O	O	O	O	O
QOL5a/b/c/d/e/f/g	How much of the time did you feel relaxed and free of tension?	O	O	O	O	O	O	O
QOL6a/b/c/d/e/f/g	How often have you felt worn out or low in energy?	O	O	O	O	O	O	O
QOL7a/b/c/d/e/f/g	How happy, satisfied or pleased have you been with your personal life?	O	O	O	O	O	O	O
QOL8a/b/c/d/e/f/g	How often have you felt restless or as if you were having difficulty trying to calm down?	O	O	O	O	O	O	O
QOL9a/b/c/d/e/f/g	How much shortness of breath have you experienced while doing your day to day physical activities?	O	O	O	O	O	O	O
QOL10a/b/c/d/e/f/g	How often have you felt tearful or like crying?	O	O	O	O	O	O	O
QOL11a/b/c/d/e/f/g	How often have you felt as though you were more dependent than you were before your heart trouble?	O	O	O	O	O	O	O
QOL12a/b/c/d/e/f/g	How often have you felt unable to do your usual social activities or social activities with your family?	O	O	O	O	O	O	O
QOL13a/b/c/d/e/f/g	How often have you felt as if others no longer have the same confidence in you as they did before you had the heart problem?	O	O	O	O	O	O	O
QOL14a/b/c/d/e/f/g	How often have you experienced chest pain while doing your day to day activities?	O	O	O	O	O	O	O
QOL15a/b/c/d/e/f/g	How often have you felt your heart problem limited or interfered with sexual intercourse?	O	O	O	O	O	O	O
QOL16a/b/c/d/e/f/g	How often have you felt unsure of yourself or lacking in self-confidence?	O	O	O	O	O	O	O
QOL17a/b/c/d/e/f/g	How often have you been bothered by aching or tired legs?	O	O	O	O	O	O	O
QOL18a/b/c/d/e/f/g	How much have you being limited in doing sports or exercise as a result of your heart problem?	O	O	O	O	O	O	O
QOL19a/b/c/d/e/f/g	How often have you felt apprehensive or frightened?	O	O	O	O	O	O	O
QOL20a/b/c/d/e/f/g	How often have you felt dizzy or lightheaded?	O	O	O	O	O	O	O
QOL21a/b/c/d/e/f/g	How much have you been restricted or limited as a result of your heart problem?	O	O	O	O	O	O	O
QOL22a/b/c/d/e/f/g	How often have you felt unsure as to how much exercise or physical activity you should be doing?	O	O	O	O	O	O	O
QOL23a/b/c/d/e/f/g	How often have you felt as if your family is being overprotective toward you?	O	O	O	O	O	O	O
QOL24a/b/c/d/e/f/g	How often have you felt as if you were a burden on others?	O	O	O	O	O	O	O
QOL25a/b/c/d/e/f/g	How much of the time have you felt that you could manage chest pain if and when you had any?	O	O	O	O	O	O	O

Case Report Form

Quality of Life Instrument. Follow up 6 months

OSTAMI

FONDAZIONE I.R.C.A.B.

In the last two weeks

		None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	Almost all of the time	All of the time
QOL26a/b/c/d/e/f/g	How much of the time have you felt frustrated, impatient or angry?	O	O	O	O	O	O	O
QOL27a/b/c/d/e/f/g	How often have you felt worthless or inadequate?	O	O	O	O	O	O	O
QOL28a/b/c/d/e/f/g	How much of the time did you feel very confident and sure that you could deal with your heart problem?	O	O	O	O	O	O	O
QOL29a/b/c/d/e/f/g	How much of the time did you feel discouraged or down in the dumps?	O	O	O	O	O	O	O
QOL30a/b/c/d/e/f/g	How much of the time did you feel relaxed and free of tension?	O	O	O	O	O	O	O
QOL31a/b/c/d/e/f/g	How often have you felt worn out or low in energy?	O	O	O	O	O	O	O
QOL32a/b/c/d/e/f/g	How happy, satisfied or pleased have you been with your personal life?	O	O	O	O	O	O	O
QOL33a/b/c/d/e/f/g	How often have you felt restless or as if you were having difficulty trying to calm down?	O	O	O	O	O	O	O
QOL34a/b/c/d/e/f/g	How much shortness of breath have you experienced while doing your day to day physical activities?	O	O	O	O	O	O	O
QOL35a/b/c/d/e/f/g	How often have you felt tearful or like crying?	O	O	O	O	O	O	O
QOL36a/b/c/d/e/f/g	How often have you felt as though you were more dependent than you were before your heart trouble?	O	O	O	O	O	O	O
QOL37a/b/c/d/e/f/g	How often have you felt unable to do your usual social activities or social activities with your family?	O	O	O	O	O	O	O
QOL38a/b/c/d/e/f/g	How often have you felt as if others no longer have the same confidence in you as they did before you had the heart problem?	O	O	O	O	O	O	O
QOL39a/b/c/d/e/f/g	How often have you experienced chest pain while doing your day to day activities?	O	O	O	O	O	O	O
QOL40a/b/c/d/e/f/g	How often have you felt your heart problem limited or interfered with sexual intercourse?	O	O	O	O	O	O	O
QOL41a/b/c/d/e/f/g	How often have you felt unsure of yourself or lacking in self-confidence?	O	O	O	O	O	O	O
QOL42a/b/c/d/e/f/g	How often have you been bothered by aching or tired legs?	O	O	O	O	O	O	O
QOL43a/b/c/d/e/f/g	How much have you being limited in doing sports or exercise as a result of your heart problem?	O	O	O	O	O	O	O
QOL44a/b/c/d/e/f/g	How often have you felt apprehensive or frightened?	O	O	O	O	O	O	O
QOL45a/b/c/d/e/f/g	How often have you felt dizzy or lightheaded?	O	O	O	O	O	O	O
QOL46a/b/c/d/e/f/g	How much have you been restricted or limited as a result of your heart problem?	O	O	O	O	O	O	O
QOL47a/b/c/d/e/f/g	How often have you felt unsure as to how much exercise or physical activity you should be doing?	O	O	O	O	O	O	O
QOL48a/b/c/d/e/f/g	How often have you felt as if your family is being overprotective toward you?	O	O	O	O	O	O	O
QOL49a/b/c/d/e/f/g	How often have you felt as if you were a burden on others?	O	O	O	O	O	O	O
QOL50a/b/c/d/e/f/g	How much of the time have you felt that you could manage chest pain if and when you had any?	O	O	O	O	O	O	O

In the last two weeks

		None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	Almost all of the time	All of the time
QOL51a/b/c/d/e/f/g	How much of the time have you felt frustrated, impatient or angry?	O	O	O	O	O	O	O
QOL52a/b/c/d/e/f/g	How often have you felt worthless or inadequate?	O	O	O	O	O	O	O
QOL53a/b/c/d/e/f/g	How much of the time did you feel very confident and sure that you could deal with your heart problem?	O	O	O	O	O	O	O
QOL54a/b/c/d/e/f/g	How much of the time did you feel discouraged or down in the dumps?	O	O	O	O	O	O	O
QOL55a/b/c/d/e/f/g	How much of the time did you feel relaxed and free of tension?	O	O	O	O	O	O	O
QOL56a/b/c/d/e/f/g	How often have you felt worn out or low in energy?	O	O	O	O	O	O	O
QOL57a/b/c/d/e/f/g	How happy, satisfied or pleased have you been with your personal life?	O	O	O	O	O	O	O
QOL58a/b/c/d/e/f/g	How often have you felt restless or as if you were having difficulty trying to calm down?	O	O	O	O	O	O	O
QOL59a/b/c/d/e/f/g	How much shortness of breath have you experienced while doing your day to day physical activities?	O	O	O	O	O	O	O
QOL60a/b/c/d/e/f/g	How often have you felt tearful or like crying?	O	O	O	O	O	O	O
QOL61a/b/c/d/e/f/g	How often have you felt as though you were more dependent than you were before your heart trouble?	O	O	O	O	O	O	O
QOL62a/b/c/d/e/f/g	How often have you felt unable to do your usual social activities or social activities with your family?	O	O	O	O	O	O	O
QOL63a/b/c/d/e/f/g	How often have you felt as if others no longer have the same confidence in you as they did before you had the heart problem?	O	O	O	O	O	O	O
QOL64a/b/c/d/e/f/g	How often have you experienced chest pain while doing your day to day activities?	O	O	O	O	O	O	O
QOL65a/b/c/d/e/f/g	How often have you felt your heart problem limited or interfered with sexual intercourse?	O	O	O	O	O	O	O
QOL66a/b/c/d/e/f/g	How often have you felt unsure of yourself or lacking in self-confidence?	O	O	O	O	O	O	O
QOL67a/b/c/d/e/f/g	How often have you been bothered by aching or tired legs?	O	O	O	O	O	O	O
QOL68a/b/c/d/e/f/g	How much have you being limited in doing sports or exercise as a result of your heart problem?	O	O	O	O	O	O	O
QOL69a/b/c/d/e/f/g	How often have you felt apprehensive or frightened?	O	O	O	O	O	O	O
QOL70a/b/c/d/e/f/g	How often have you felt dizzy or lightheaded?	O	O	O	O	O	O	O
QOL71a/b/c/d/e/f/g	How much have you been restricted or limited as a result of your heart problem?	O	O	O	O	O	O	O
QOL72a/b/c/d/e/f/g	How often have you felt unsure as to how much exercise or physical activity you should be doing?	O	O	O	O	O	O	O
QOL73a/b/c/d/e/f/g	How often have you felt as if your family is being overprotective toward you?	O	O	O	O	O	O	O
QOL74a/b/c/d/e/f/g	How often have you felt as if you were a burden on others?	O	O	O	O	O	O	O
QOL75a/b/c/d/e/f/g	How much of the time have you felt that you could manage chest pain if and when you had any?	O	O	O	O	O	O	O