

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?

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | ALL OF THE TIME |
| <input type="checkbox"/> | MOST OF THE TIME |
| <input type="checkbox"/> | A GOOD BIT OF THE TIME |
| <input type="checkbox"/> | SOME OF THE TIME |
| <input type="checkbox"/> | A LITTLE OF THE TIME |
| <input type="checkbox"/> | HARDLY ANY OF THE TIME |
| <input type="checkbox"/> | NONE OF THE TIME |

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

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | ALL OF THE TIME |
| <input type="checkbox"/> | MOST OF THE TIME |
| <input type="checkbox"/> | A GOOD BIT OF THE TIME |
| <input type="checkbox"/> | SOME OF THE TIME |
| <input type="checkbox"/> | A LITTLE OF THE TIME |
| <input type="checkbox"/> | HARDLY ANY OF THE TIME |
| <input type="checkbox"/> | 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?

- | | |
|--------------------------|------------------------|
| <input type="checkbox"/> | NONE OF THE TIME |
| <input type="checkbox"/> | A LITTLE OF THE TIME |
| <input type="checkbox"/> | SOME OF THE TIME |
| <input type="checkbox"/> | A GOOD BIT OF THE TIME |
| <input type="checkbox"/> | MOST OF THE TIME |
| <input type="checkbox"/> | ALMOST ALL OF THE TIME |
| <input type="checkbox"/> | 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, PLEASED
- 5 HAPPY MOST OF THE TIME
- 6 VERY HAPPY MOST OF THE TIME
- 7 EXTREMELY HAPPY, COULD NOT HAVE BEEN MORE SATISFIED OR PLEASED

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?

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | 1 | ALL OF THE TIME |
| <input type="checkbox"/> | 2 | MOST OF THE TIME |
| <input type="checkbox"/> | 3 | A GOOD BIT OF THE TIME |
| <input type="checkbox"/> | 4 | SOME OF THE TIME |
| <input type="checkbox"/> | 5 | A LITTLE OF THE TIME |
| <input type="checkbox"/> | 6 | HARDLY ANY OF THE TIME |
| <input type="checkbox"/> | 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?

- | | | |
|--------------------------|---|---------------------|
| <input type="checkbox"/> | 1 | EXTREMELY LIMITED |
| <input type="checkbox"/> | 2 | VERY LIMITED |
| <input type="checkbox"/> | 3 | LIMITED QUITE A BIT |
| <input type="checkbox"/> | 4 | MODERATELY LIMITED |
| <input type="checkbox"/> | 5 | SOMEWHAT LIMITED |
| <input type="checkbox"/> | 6 | LIMITED A LITTLE |
| <input type="checkbox"/> | 7 | NOT LIMITED AT ALL |

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

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | 1 | ALL OF THE TIME |
| <input type="checkbox"/> | 2 | MOST OF THE TIME |
| <input type="checkbox"/> | 3 | A GOOD BIT OF THE TIME |
| <input type="checkbox"/> | 4 | SOME OF THE TIME |
| <input type="checkbox"/> | 5 | A LITTLE OF THE TIME |
| <input type="checkbox"/> | 6 | HARDLY ANY OF THE TIME |
| <input type="checkbox"/> | 7 | NONE OF THE TIME |

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

- | | | |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | 1 | ALL OF THE TIME |
| <input type="checkbox"/> | 2 | MOST OF THE TIME |
| <input type="checkbox"/> | 3 | A GOOD BIT OF THE TIME |
| <input type="checkbox"/> | 4 | SOME OF THE TIME |
| <input type="checkbox"/> | 5 | A LITTLE OF THE TIME |
| <input type="checkbox"/> | 6 | HARDLY ANY OF THE TIME |
| <input type="checkbox"/> | 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 socialize 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