

PROFORMA OF ANGINAL QUESTIONNAIRE:

Name: _____ OP/IP number: _____

Age/sex: _____

Diagnosis: _____

1. The following is a list of activities that people often do during the week.

Activity	Severely limited	Moderately limited	Somewhat limited	A little limited	Not limited	Limited, or did not do for other reasons
Dressing yourself						
Walking indoors on level ground						
Showering						
Climbing a hill or a flight of stairs without stopping						
Gardening, vacuuming, or carrying groceries						
Walking more than a block at a brisk pace						
Lifting or moving heavy objects						

2. Compared with 4 weeks ago, how often do you have chest pain, chest tightness, angina when doing your most strenuous level of activity?

I have had chest pain, chest tightness, or angina.

Much more often	Slightly more often	About the same	Slightly less often	Much less often

3. Over the past 4 weeks, on average, how many times have you had chest pain, chest tightness, or angina?

I get chest pain, chest tightness.

4 or more times/day	1-3 times/day	3 or more times/week but not every day	1-2 times/week	<1/week	None over the past 4 weeks

4. Over the past 4 weeks, on average, how many times have you had to take nitros (nitroglycerin tablets) for your chest pain, chest tightness, or angina?

I take nitros.

4 or more times/day	1-3 times/day	3 or more times/week but not every day	1-2 times/week	<1/week	None over the past 4 weeks

5. How bothersome is it for you to take your pills for chest pain, chest tightness, or angina as prescribed?

Very bothersome	Moderately bothersome	Somewhat bothersome	A little bothersome	Not bothersome at all	My doctor has not prescribed pills

6. How satisfied are you that everything possible is being done to treat your chest pain, chest tightness, or angina?

Not satisfied at all	Mostly dissatisfied	Somewhat satisfied	Mostly satisfied	Highly satisfied