For Office Use Only

Patient ID: ________________

Hospital: ________________ **Date received:** ________________

CORONARY REVASCULARISATION OUTCOME QUESTIONNAIRE (CROQ-CABG)

INSTRUCTIONS: We are interested in finding out how you are now before the heart operation (**coronary artery bypass graft surgery**) you are going to have. We would be grateful if you could help us by filling out this questionnaire. All of the information you provide is COMPLETELY CONFIDENTIAL. Please be sure to answer all questions.

1. During the past 4 weeks, how much were you bothered by each of the following problems related to your **heart condition**? (Please tick one box on each line.)

	A lot	**Quite a bit**	**Moderately**	**A little**	**Not at all**
Chest pain due to angina	ó	ó	ó	ó	ó
Discomfort in your chest due to angina	ó	ó	ó	ó	ó
Shortness of breath	ó	ó	ó	ó	ó
Angina pain that radiates to other parts of your body (eg arms, shoulders, hands, neck, throat, jaw, back)	ó	ó	ó	ó	ó
Palpitations (strong or irregular heart beat)	ó	ó	ó	ó	ó

2. During the past 4 weeks, on average, how many times have you taken nitros (nitroglycerin tablets or spray) for your **chest pain, chest tightness or angina**? (Please tick only one box.)

ó	ó	ó	ó	ó	ó
4 or more times per day	1-3 times per day	3 or more times per week but not every day	1-2 times per week	Less than once a week	None over the past 4 weeks

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3. During the <u>past 4 weeks</u>, have you had **chest pain, chest tightness or angina:**
(Please tick only one box.)

ó	ó	ó	ó
At rest?	On exertion?	At rest and on exertion?	Not at all?

4. During the <u>past 4 weeks</u>, how much trouble has your **heart condition** caused you?
(Please tick only one box.)

ó	ó	ó	ó	ó
A lot	Quite a bit	Some	A little	None

5. The following questions ask about activities which you might do during a typical day. During the <u>past 4 weeks</u>, has your **heart condition** limited you in your usual daily activities? Please indicate whether your heart condition limits you a lot, limits you a little, or does not limit you at all in the activities listed below. (Please tick one box on each line.)

<u>**ACTIVITIES**</u>	**Yes, Limited A Lot**	**Yes, Limited A Little**	**No, Not Limited At All**
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	ó	ó	ó
Lifting or carrying groceries	ó	ó	ó
Climbing **several** flights of stairs	ó	ó	ó
Climbing **one** flight of stairs	ó	ó	ó
Bending, kneeling or stooping	ó	ó	ó
Walking **half a mile**	ó	ó	ó
Walking **one hundred yards**	ó	ó	ó
Bathing or dressing yourself	ó	ó	ó

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6. The next questions ask about the impact of your **heart condition** on your family and friends and the extent to which it has interfered with your social activities. During the <u>past 4 weeks,</u> how often have you experienced the following as a result of your **heart condition**:
(Please tick one box on each line.)

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
Family or friends being overprotective toward you?	ó	ó	ó	ó	ó
Feeling like you are a burden on others?	ó	ó	ó	ó	ó
Feeling restricted in your social activities (like visiting with friends, relatives, etc)?	ó	ó	ó	ó	ó
Feeling worried about going too far from home?	ó	ó	ó	ó	ó

7. The next questions ask about your feelings about your **heart condition**. During the <u>past 4 weeks</u>, how often have you felt: (Please tick one box on each line.)

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
Worried about your heart condition?	ó	ó	ó	ó	ó
Worried about doing too much or over-doing it?	ó	ó	ó	ó	ó
Worried that you might have a heart attack or die suddenly?	ó	ó	ó	ó	ó
Frightened by the pain or discomfort of your heart condition?	ó	ó	ó	ó	ó
Uncertain about the future?	ó	ó	ó	ó	ó
Depressed?	ó	ó	ó	ó	ó
Frustrated or impatient?	ó	ó	ó	ó	ó
That your heart condition interfered with your enjoyment of life?	ó	ó	ó	ó	ó
That it was difficult to keep a positive outlook about your health?	ó	ó	ó	ó	ó
That it was difficult to plan ahead (eg vacations, social events, etc.)?	ó	ó	ó	ó	ó

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8. The next questions ask about problems related to your **heart condition**. During the past 4 weeks, how much of the time did you: (Please tick one box on each line.)

	All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
Have difficulty reasoning and solving problems, for example making plans, making decisions, learning new things?	ó	ó	ó	ó	ó	ó
Forget, for example things that happened recently, where you put things or appointments?	ó	ó	ó	ó	ó	ó
Have difficulty doing activities involving concentration and thinking?	ó	ó	ó	ó	ó	ó

9. Is there anything else you would like to tell us about your **heart condition** or **heart operation** that is not covered in this questionnaire? If so, please write below.

____

____

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Please check that you have answered all the questions on each page.

THANK YOU FOR YOUR HELP

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