# CORONARY REVASCULARISATION OUTCOME QUESTIONNAIRE (CROQ-CABG v2)

INSTRUCTIONS: We are interested in finding out how you have been since your heart operation. 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 | ☐ | ☐ | ☐ | ☐ | ☐ |
| Discomfort in your chest due to angina | ☐ | ☐ | ☐ | ☐ | ☐ |
| Shortness of breath | ☐ | ☐ | ☐ | ☐ | ☐ |
| Angina pain that radiates to other parts of your body (eg arms, shoulders, hands, neck, throat, jaw, back) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Palpitations (strong or irregular heart beat) | ☐ | ☐ | ☐ | ☐ | ☐ |

**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.)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 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 |

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

| | | | | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |
| A lot | Quite a bit | Some | A little | None |

**4.** This question asks about activities which you might do during a typical day. During the past 4 weeks, 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.)

| **ACTIVITIES** | **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 | ☐ | ☐ | ☐ |
| Lifting or carrying groceries | ☐ | ☐ | ☐ |
| Climbing **several** flights of stairs | ☐ | ☐ | ☐ |
| Climbing **one** flight of stairs | ☐ | ☐ | ☐ |
| Bending, kneeling or stooping | ☐ | ☐ | ☐ |
| Walking **half a mile** | ☐ | ☐ | ☐ |
| Walking **one hundred yards** | ☐ | ☐ | ☐ |
| Bathing or dressing yourself | ☐ | ☐ | ☐ |

**5.** This question asks 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 past 4 weeks, 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? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Feeling like you are a burden on others? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Feeling restricted in your social activities (like visiting with friends, relatives, etc)? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Feeling worried about going too far from home? | ☐ | ☐ | ☐ | ☐ | ☐ |

**6.** This question asks about your feelings about your **heart condition**. During the past 4 weeks, 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? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Worried about doing too much or over-doing it? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Worried that you might have a heart attack or die suddenly? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Worried that your symptoms might return? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Frightened by the pain or discomfort of your heart condition? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Uncertain about the future? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Depressed? | ☐ | ☐ | ☐ | ☐ | ☐ |
| Frustrated or impatient? | ☐ | ☐ | ☐ | ☐ | ☐ |
| That your heart condition interfered with your enjoyment of life? | ☐ | ☐ | ☐ | ☐ | ☐ |
| That it was difficult to keep a positive outlook about your health? | ☐ | ☐ | ☐ | ☐ | ☐ |
| That it was difficult to plan ahead (eg vacations, social events, etc.)? | ☐ | ☐ | ☐ | ☐ | ☐ |

**7.** This question asks 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? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Forget, for example things that happened recently, where you put things or appointments? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Have difficulty doing activities involving concentration and thinking? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**8.** This question asks about problems you might have had **since your heart operation**. During the past 4 weeks, how much were you bothered by the following problems? If you did not have the problem, tick the last box "Not at all". (Please tick one box on each line.)

| | A lot | Quite a bit | Moderately | A little | Not at all |
|---|---|---|---|---|---|
| Pain in your **chest wound** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Infection in your **chest wound** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Tenderness around your **chest wound** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Numbness or tingling around your **chest wound** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bruising on your **chest** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Pain in your **leg or arm wound** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Any other pain in your **leg or arm** due to your operation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Infection in your **leg or arm wound** | ☐ | ☐ | ☐ | ☐ | ☐ |
| Numbness or tingling in your **leg or arm** due to your operation | ☐ | ☐ | ☐ | ☐ | ☐ |
| Bruising on your **leg or arm** where a vein was removed | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swollen feet or ankles | ☐ | ☐ | ☐ | ☐ | ☐ |

**9.** This question asks about how satisfied you are with your **heart operation**. How satisfied are you with the: (Please tick one box on each line.)

| | Very dissatisfied | Somewhat dissatisfied | Somewhat satisfied | Very satisfied |
|---|---|---|---|---|
| Results of your heart operation? | ☐ | ☐ | ☐ | ☐ |
| Information you were given about your heart operation? | ☐ | ☐ | ☐ | ☐ |
| Information you were given about how you might feel while recovering from your heart operation? | ☐ | ☐ | ☐ | ☐ |

**10.** Overall, how would you describe your **heart condition** now compared to before you had your heart operation? (Please tick one box.)

| ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|
| Much worse | A little worse | About the same | A little better | Much better |

**11.** Has your recovery from your **heart operation** so far been: (Please tick one box.)

| ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|
| Slower than you expected? | About what you expected? | Faster than you expected? | Did not know how long it would take? |

**12.** Are the results from your **heart operation**: (Please tick one box.)

| ☐ | ☐ | ☐ |
|---|---|---|
| Worse than you expected? | About what you expected? | Better than you expected? |