

1. Y Codes: a. _____ b. _____ c. _____
N

2. Y N

Drug code Taken today? Drug code Taken today?

a. _____ Y N f. _____ Y N

b. _____ Y N g. _____ Y N

c. _____ Y N h. _____ Y N

d. _____ Y N i. _____ Y N

e. _____ Y N j. _____ Y N

3. Y Codes: a. _____ b. _____ c. _____
N

4. a. Y N
b. Y N
c. Y N

5. _____

6. _____

7. _____

8. _____

9. 1 2 3 4 8

10. Y N (If no, skip to 18.)

11. Y N D I never hurry or walk uphill

12. Y N

13. 1 Take nitroglycerin _
2 Stop or slow down _
3 Carry on

14. 1 10 minutes or less _
2 More than 10 minutes _
3 Does not go away

15. _____ Upper _
_____ Lower _
_____ Left side
_____ Left arm _
_____ Other/Codes: a. _____ b. _____ c. _____

16. Y Codes: a. _____ b. _____ c. _____
N

17. Y N

18. Y N (If no, skip to 26.)

19. Y N

20. 1 Pain includes calf/calves
2 Pain does not include calf/calves
3 Other/Codes: a. _____ b. _____ c. _____

21. Y N D I never hurry or walk uphill

22. Y N

23. Y N

24. 1 Stop or slow down
2 Carry on

25. 1 10 minutes or less
2 More than 10 minutes
3 Does not go away

26. Heart disease:

a. 1/Y _____ Year Dx _____ Treatment code _____
N

b. 2/Y _____ Year Dx _____ Treatment code _____
N - -

c. 3/Y _____ Year Dx _____ Treatment code _____
N - -

d. 4/Y _____ Year Dx _____ Treatment code _____
N - -

e. 5/Y _____ Year Dx _____ Treatment code _____
N - -

f. 6/Y _____ Year Dx _____ Treatment code _____
N

g. 7/Y Bypass 8/Y Angioplasty
N N
9/Y Pacemaker 10/Y Code: _____
N N

27. 11/Y _____ Year Dx _____ Treatment code _____
N -

28. 12/Y _____ Year Dx _____ Treatment code _____
N

29. 13/Y _____ Year Dx _____ Treatment code _____
N - -

30. 15/Y _____ Year Dx _____ Treatment code _____
N

31. 16/Y _____ Year Dx _____ Dx code _____ Trtmt code _____
N

32. Y _____ Month/Year _____ Illness/Hospital Code
N _____ Month/Year _____ Illness/Hospital Code

33. a. _____ b. _____ c. _____ d. Y N If Y, skip to 35.

34. _____ # nights

35. Y N If no, skip to 38.

36. Y N If no, when quit? _____ Year

37. _____ Packs per week _____ Bowls per day _____ Cigars per day _____ # of Years

38. Y _____ Work
N _____ Mood
_____ Relationships with people
_____ Enjoyment of life
_____ Ability to concentrate
_____ Motivation
_____ Housework
_____ Other
_____ Does not interfere with activities

39. Y _____ Work
N _____ Mood
_____ Relationships with people
_____ Enjoyment of life
_____ Ability to concentrate
_____ Motivation
_____ Housework
_____ Other
_____ Does not interfere with activities

Y Codes: a. _____ b. _____ c. _____
N

40. 1 Never, or less than once a month
2 On a few days per month
3 Irregularly, but at least once a week
4 Every day or almost every day

41. 1 Never or rarely
2 Sometimes
3 At least once a week
4 Several nights per week
5 Every night or almost every night
9 Do not know

42. 1 Only slightly louder
2 About as loud
3 Louder than talking
4 Extremely loud

9 Do not know
8 Does not apply

43. 1 Never or rarely
2 Sometimes
3 At least once a week
4 Several nights per week
9 Do not know

44. 1 Never or rarely
2 Sometimes
3 At least once a week
4 Several nights per week
9 Do not know

45. 1 Never or rarely
2 Sometimes
3 At least once a week
4 Several nights per week
9 Do not know

46. 1 Never or rarely
2 Sometimes
3 At least once a week
4 Several nights per week
9 Do not know

47. a. _____ b. _____ c. _____

48. _____ # of minutes

49. a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____

50. Y _____ Month/Year a. Doctor code(s): a. _____ b. _____ c. _____
N

b. Test code(s): a. _____ b. _____ c. _____

c. Y N

d. Problem code(s): a. _____ b. _____ c. _____

51. Y _____ Month/Year
N

Test code(s): a. _____ b. _____ c. _____

Y N

Treatment code(s): a. _____ b. _____ c. _____

Y _____ Month/Year
N

1 Not at all
2 Helped a little

- 3 Helped moderately
4 Helped a lot

Comment code(s): a. _____ b. _____ c. _____

Non compliance code(s): a. _____ b. _____ c. _____

a. Nights per week _____

b. Hours per night _____

Problem code(s): a. _____ b. _____ c. _____

52. Y _____ Month/Year
N

Test code(s): a. _____ b. _____ c. _____

Y N

Treatment code(s): a. _____ b. _____ c. _____

Y _____ Month/Year
N

- 1 Not at all
2 Helped a little
3 Helped moderately
4 Helped a lot

Comment code(s): a. _____ b. _____ c. _____

53. Y _____ Month/Year
N

Diagnosis code(s): a. _____ b. _____ c. _____

Test code(s): a. _____ b. _____ c. _____

Y N

Treatment code(s): a. _____ b. _____ c. _____

Y _____ Month/Year
N

- 1 Not at all
2 Helped a little
3 Helped moderately
4 Helped a lot

Comment code(s): a. _____ b. _____ c. _____

54. Y _____ **Month/Year**
N

Problem code(s): a. _____ b. _____ c. _____

Doctor code(s): a. _____ b. _____ c. _____

Dr. Comment code(s): a. _____ b. _____ c. _____

55. 1 Most of the time
2 Some of the time
3 Not usually
4 Never

Comment code(s): a. _____ b. _____ c. _____

56. 1 Completely satisfied
2 Mostly satisfied
3 Moderately satisfied
4 Not very satisfied

57. 1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

Study Date: _____

CVD-OP HQ code sheet 09/04