

# A Questionnaire of Patient-concerned Outcome for People with Coronary Heart Disease

Dear Sir / Madam,

This questionnaire is set up to find out what you are most interested in about outcomes of your illness and treatment. Please keep in mind your own hopes, standards, wishes and concerns. Please answer all the questions. If you are unsure of the answer, choose the closest one based on your first response. We will strictly abide by relevant laws and regulations. The information is only for academic research, and will never be disclosed to any third parties. Your serious answer will provide data support for our research. Thank you for your support and cooperation! (English abbreviations are only for researchers).

February 2018

Date: \_\_\_\_\_ Site: the Affiliated Hospital of Liaoning University of Traditional Chinese Medicine ( Inpatient department/ Outpatient department)

Before you begin we would like to ask you to answer a few general questions about yourself by choosing the correct answer or by filling in the space provided.

1. What is the date of the hospitalization or the outpatient clinic consultation:

2. What is the main diagnose for the current disease:

Coronary heart disease- Occult coronary heart disease

Coronary heart disease- Stable angina

Coronary heart disease- Unstable angina

Coronary heart disease- Ischemic cardiomyopathy

Coronary heart disease- ST segment elevation myocardial infarction

Coronary heart disease- Non-ST segment elevation myocardial infarction

3. What is the previous illness:

Abnormal lipid metabolism

Heart failure

Diabetes

Cerebral infarction

Hypertension

(please specify) \_\_\_\_\_

Arrhythmia

4. What is your gender:

Male

Female

5. What is your birthday:

6. What is the highest education you received:

None

Primary school

Middle school

Higher education

7. What is your marital status:

Single

Cohabiting

Married

Separated

Divorced

Widowed

8. What is your job?

Paid employment

Student

Self-employed

Unemployed (health reason)

Non-paid work, such as volunteer/charity

Unemployed (other reason)

Keeping house/House-maker

(please specify) \_\_\_\_\_

9. What do you think of your current overall health?

Very poor       Poor       Neither poor nor good       Good       Very good

10. How long have you been diagnosed with coronary heart disease?

more than 10 years       between 5 years to 10 years       between 3 years to 5 years  
 between 1 year to 3 years       between 3 months to 1 year       less than 3 months

11. How long have you been treated?

more than 10 years       between 5 years to 10 years       between 3 years to 5 years  
 between 1 year to 3 years       between 3 months to 1 year       less than 3 months

12. How many interventions are you receiving? (Including medicines and physical therapies)

more than 10 interventions       between 5 to 10 interventions       between 3 to 5 interventions  
 between 1 to 3 interventions       none intervention

For the current illness and / or treatment, do you want to know the following outcomes? Please choose the degree of your concern about the outcomes.

1. All-cause mortality

DE

Not at all       A little       Moderate       Very much       Extreme care

2. Cardiovascular disease-related mortality

DE

Not at all       A little       Moderate       Very much       Extreme care

3. Intervention-related mortality

DE

Not at all       A little       Moderate       Very much       Extreme care

4. Impact on receiving education, learning and applying knowledge

LIA

Not at all       A little       Moderate       Very much       Extreme care

5. Impact on daily communication such as talking, speaking, writing

LIA

Not at all       A little       Moderate       Very much       Extreme care

6. Impact on daily actions such as handling or holding things, riding or driving a vehicle

LIA

Not at all       A little       Moderate       Very much       Extreme care

7. Impact on self-care ability such as washing, shaving, bathing, and eating

LIA

Not at all       A little       Moderate       Very much       Extreme care

8. Impact on family activities such as cooking, shopping, housework, caring or helping the family

LIA

Not at all       A little       Moderate       Very much       Extreme care

9. Impact on participation in physical exercise such as running, fitness, and mountain climbing

LIA

Not at all       A little       Moderate       Very much       Extreme care

10. Impact on relationships such as visiting relatives and friends

LIA

Not at all       A little       Moderate       Very much       Extreme care

11. Impact on work

LIA

Not at all       A little       Moderate       Very much       Extreme care

12. Impact on personal social activities (religious and spiritual activities), political activities, and civil rights

LIA

Not at all       A little       Moderate       Very much       Extreme care

13. Impact on personal leisure activities

LIA

Not at all       A little       Moderate       Very much       Extreme care

14. Whether or not there is sufficient energy for physical activities

LIA

Not at all       A little       Moderate       Very much       Extreme care

15. Quality of life					LIA
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
16. Body aches					LIP
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
17. Impact on type, amount, and frequency of received interventions					LIM
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
18. Impact on the treatment duration					LIM
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
19. Impact on personal feelings (stress, depression, happy, and angry)					LIY
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
20. Impact on personal appearance					LIY
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
21. Impact on individual concentration					LIY
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
22. Impact on received medical services					LIM
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
23. Impact on the relationship between patient and doctor					LIM
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
24. Impact on serious adverse events (any untoward medical occurrence that results in death, is life threatening, requires hospitalization or prolongation of existing hospitalization, results in persistent or significant disability or incapacity, or is a congenital anomaly or birth defect)					AE
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
25. Possibility of myocardial infarction					AE
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
26. Possibility of stroke					AE
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
27. Implementation of revascularization					AE
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
28. In-stent restenosis or intra-stent thrombosis (only for patients with stent placement)					AE
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
29. Other adverse events such as headache, nausea and so on					AE
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
30. Impact on personal financial expenditures					RU
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
31. Impact on national or social economic expenditures					RU
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
32. Impact on intellectual, memory, language and other mental function					PMF
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
33. Impact on sleeping					LIP
<input type="checkbox"/> Not at all	<input type="checkbox"/> A little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Very much	<input type="checkbox"/> Extreme care	
34. Impact on sensory functions (visual, auditory, and balance)					PMF

- |   | <input type="checkbox"/> Not at all | <input type="checkbox"/> A little | <input type="checkbox"/> Moderate | <input type="checkbox"/> Very much | <input type="checkbox"/> Extreme care |     |
|---|-------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|---------------------------------------|-----|
| 35. Impact on blood system functions (transport of nutrients and body regulating function), immune function (resistance to disease), and respiratory function |                                     |                                   |                                   |                                    |                                       | PMF |
| 36. Impact on digestive function (digestion and absorption of food) and endocrine function (secretion regulation of various hormones)                         |                                     |                                   |                                   |                                    |                                       | PMF |
| 37. Impact on urinary function (excretion of urine and metabolic waste) and reproductive function (reproduction)  |                                     |                                   |                                   |                                    |                                       | PMF |
| 38. Impact on bones and joints function   |                                     |                                   |                                   |                                    |                                       | PMF |
| 39. Impact on heart function  |                                     |                                   |                                   |                                    |                                       | PMF |
| 40. Impact on weight  |                                     |                                   |                                   |                                    |                                       | PMR |
| 41. Impact on blood lipids  |                                     |                                   |                                   |                                    |                                       | PMR |
| 42. Impact on blood pressure  |                                     |                                   |                                   |                                    |                                       | PMR |
| 43. Impact on blood glucose   |                                     |                                   |                                   |                                    |                                       | PMR |
| 44. Impact on degree of infarction or heart injury  |                                     |                                   |                                   |                                    |                                       | PMI |
| 45. Impact on vascular stenosis or occlusion  |                                     |                                   |                                   |                                    |                                       | PMI |
| 46. Impact on serum indicators (indicators reflecting myocardial necrosis, possibility of thrombosis, and body inflammatory response and so on)               |                                     |                                   |                                   |                                    |                                       | PMS |
| 47. Impact on electrocardiogram   |                                     |                                   |                                   |                                    |                                       | PMS |
| 48. Impact on echocardiography  |                                     |                                   |                                   |                                    |                                       | PMS |
| 49. Impact on angina symptoms (frequency and duration)  |                                     |                                   |                                   |                                    |                                       | PMS |
| 50. Impact on partner intimacy  |                                     |                                   |                                   |                                    |                                       | LIA |
| 51. Impact on urine and stool (volume, color, quality, and smell)   |                                     |                                   |                                   |                                    |                                       | PMS |

In addition to the above, what outcomes do you want to know about your illness and / or treatment?

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

More:

Do you have any suggestions or comments on this questionnaire?

**Thank you for your participation**