

# My Healthy Heart

## Baseline Questionnaire



Thank you for agreeing to take part in the **“My Healthy Heart” study** which is seeking to improve early detection of possible heart disease and care of people with chest pain or chest discomfort.

It is important that you answer **all** the questions in this questionnaire, which should take approximately 5 minutes to complete. Please take your time and answer questions as honestly as possible. All information you provide will be kept strictly confidential. If you have any difficulty with any of the questions, the research nurse will be able to help you at the clinic.

**Please hand your completed questionnaire to the research nurse at the clinic.**  
For more information about the study, please contact [REDACTED]

### SECTION 1: Background information about you

1a. What is your sex? Male<sup>1</sup>  Female<sup>2</sup>

1b. At what age did you complete your continuous full time education? \_\_\_\_\_ years  Do not know<sup>0</sup>

### SECTION 2: Your general health

The next questions are about your general health. Please indicate which of the statements best describe your **own health today**. Please answer **all** questions. Please **tick only one option** from each question

2. Mobility  
I have no problems in walking about<sup>1</sup>  I have some problems in walking about<sup>2</sup>  I am confined to bed<sup>3</sup>

3. Self-care  
I have no problems with self care<sup>1</sup>  I have some problems washing or dressing myself<sup>2</sup>  I am unable to wash or dress myself<sup>3</sup>

4. Usual activities (e.g. work, study, housework, family or leisure activities)  
I have no problems performing my usual activities<sup>1</sup>  I have some problem performing my usual activities<sup>2</sup>  I am unable to perform my usual activities<sup>3</sup>

5. Pain/discomfort

I have no pain or discomfort<sup>1</sup>  I have moderate pain/discomfort<sup>2</sup>  I have extreme pain/discomfort<sup>3</sup>

6. Anxiety/depression

I am not anxious or Depressed<sup>1</sup>  I am moderately anxious or depressed<sup>2</sup>  I am extremely anxious or depressed<sup>3</sup>

### SECTION 3: Your chest pain general health

The following questions relate to chest pain, chest tightness or angina you may have experienced. Please answer **all** the questions in this section

7. Have you ever had any pain or discomfort in your chest? Yes<sup>1</sup>  No<sup>2</sup>   
*If no, go to Section 4*

8. Do you get this pain or discomfort if you walk uphill or hurry? Yes<sup>1</sup>  No<sup>2</sup>

9. Do you get this pain when you walk at an ordinary pace on the level? Yes<sup>1</sup>  No<sup>2</sup>

10. When you get this pain or discomfort, what do you do?  
Stop<sup>1</sup>  Slow down<sup>2</sup>  Continue at the same pace<sup>3</sup>  Not applicable<sup>4</sup>

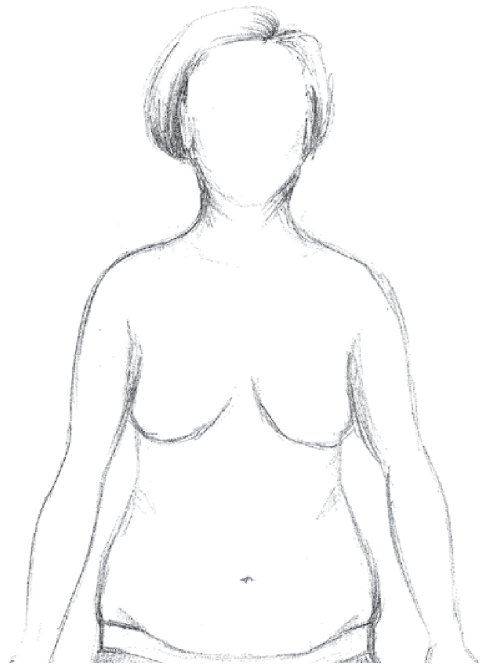
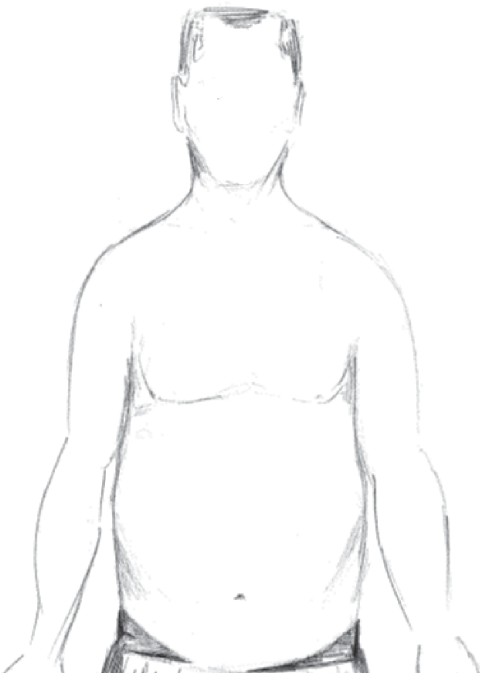
11. Does the pain go away when you stand still? Yes<sup>1</sup>  No<sup>2</sup>

12. How soon does the pain go away? Within 10 minutes or less<sup>1</sup>  More than 10 minutes<sup>2</sup>

13. Please mark with an 'X' on the diagram below **each area** you experience pain or discomfort

For male participants:

For female participants:



Right side

Left side

Right side

Left side

14. Please tick **one** box that best describes your chest pain or tightness

I get chest pain or tightness on strenuous exercise<sup>1</sup>

I get chest pain or chest tightness on walking more than 200 yards on the flat, or climbing stairs rapidly or in the cold or under emotional stress<sup>2</sup>

I get chest pain or chest tightness on walking 100-200 yards on the flat<sup>3</sup>

I get chest pain or chest tightness on any physical activity, including at rest<sup>4</sup>

#### SECTION 4: More about you

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please select **one answer** from each of the following questions:

15. *Little interest or pleasure in doing things*

Not at all<sup>1</sup>

Several days<sup>2</sup>

More than half the days<sup>3</sup>

Nearly every day<sup>4</sup>

16. *Feeling down, depressed or hopeless*

Not at all<sup>1</sup>

Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

17. *Trouble falling or staying asleep, or sleeping too much*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

18. *Feeling tired or having little energy*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

19. *Poor appetite or overeating*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

20. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

21. *Trouble concentrating on things, such as reading the newspaper or watching television*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

22. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

23. *Thoughts that you would be better off dead, or of hurting yourself in some way*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

24. *Feeling nervous, anxious or on edge?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

25. *Not being able to stop or control worrying?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

26. *Worrying too much about different things?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

27. *Having trouble relaxing?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

28. *Being so restless that it is hard to sit still?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

29. *Becoming easily annoyed or irritable?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

30. *Feeling afraid, as if something awful might happen?*

Not at all<sup>1</sup>  Several days<sup>2</sup>

More than half the days<sup>3</sup>  Nearly every day<sup>4</sup>

## SECTION 5: Ethnicity

31. Please state in which country you were born: \_\_\_\_\_

32. What is your ethnic group?

**White:** White British<sup>1</sup>  White Irish<sup>2</sup>

Any other white  
background<sup>3</sup>

<b>Mixed race:</b>	White and black Caribbean <sup>4</sup>	<input type="checkbox"/>	White and black African <sup>5</sup>	<input type="checkbox"/>
	White and Asian <sup>6</sup>	<input type="checkbox"/>	Any other mixed background <sup>7</sup>	<input type="checkbox"/>
<b>Asian or Asian British:</b>	Indian <sup>8</sup>	<input type="checkbox"/>	Pakistani <sup>9</sup>	<input type="checkbox"/>
	Bangladeshi <sup>10</sup>	<input type="checkbox"/>	Any other Asian background <sup>11</sup>	<input type="checkbox"/>
<b>Black or black British:</b>	Caribbean <sup>12</sup>	<input type="checkbox"/>	African <sup>13</sup>	<input type="checkbox"/>
	Any other black background <sup>14</sup>	<input type="checkbox"/>		
<b>Chinese</b> <sup>15</sup>		<input type="checkbox"/>		
<b>Other ethnic group:</b>	Please state which <sup>16</sup>	<input type="checkbox"/>	_____	
<b>Do not know</b>		<input type="checkbox"/>		