We would now like to ask you some questions about how you have been feeling during the last 2 weeks. Please check the box that matches your answer.

1. In general, how much of the time during the last 2 weeks have you felt frustrated, impatient or angry?

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2. How often during the last 2 weeks have you felt worthless or inadequate?

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3. In the last 2 weeks, how much of the time did you feel very confident and sure that you could deal with your heart problem?

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4. In general how much of the time did you feel discouraged or down in the dumbs during the last 2 weeks?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

5. How much of the time during the past 2 weeks did you feel relaxed and free of tension?

1. NONE OF THE TIME
2. A LITTLE OF THE TIME
3. SOME OF THE TIME
4. A GOOD BIT OF THE TIME
5. MOST OF THE TIME
6. ALMOST ALL OF THE TIME
7. ALL OF THE TIME

6. How often during the last 2 weeks have you felt worn out or low in energy?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. A GOOD BIT OF THE TIME
4. SOME OF THE TIME
5. A LITTLE OF THE TIME
6. HARDLY ANY OF THE TIME
7. NONE OF THE TIME

7. How happy, satisfied, or pleased have you been with your personal life during the last 2 weeks?

1. VERY DISSATISFIED, UNHAPPY
2. GENERALLY DISSATISFIED, UNHAPPY
3. SOMewhat DISSATISFIED, UNHAPPY
4. GENERALLY SATISFIED, PLEASED
5. HAPPY MOST OF THE TIME
6. VERY HAPPY MOST OF THE TIME
7. EXTREMELY HAPPY, COULD NOT HAVE BEEN MORE SATISFIED OR PLEASED
8. In general, how often during the last 2 weeks have you felt restless, or as if you were having difficulty trying to calm down?

- [ ] **ALL OF THE TIME**
- [ ] **MOST OF THE TIME**
- [ ] **A GOOD BIT OF THE TIME**
- [ ] **SOME OF THE TIME**
- [ ] **A LITTLE OF THE TIME**
- [ ] **HARDLY ANY OF THE TIME**
- [ ] **NONE OF THE TIME**

9. How much shortness of breath have you experienced during the last 2 weeks while doing your day-to-day physical activities?

- [ ] **EXTREME SHORTNESS OF BREATH**
- [ ] **VERY SHORT OF BREATH**
- [ ] **QUITE A BIT OF SHORTNESS OF BREATH**
- [ ] **MODERATE SHORTNESS OF BREATH**
- [ ] **SOME SHORTNESS OF BREATH**
- [ ] **A LITTLE SHORTNESS OF BREATH**
- [ ] **NO SHORTNESS OF BREATH**

10. How often during the last 2 weeks have you felt tearful or like crying?

- [ ] **ALL OF THE TIME**
- [ ] **MOST OF THE TIME**
- [ ] **A GOOD BIT OF THE TIME**
- [ ] **SOME OF THE TIME**
- [ ] **A LITTLE OF THE TIME**
- [ ] **HARDLY ANY OF THE TIME**
- [ ] **NONE OF THE TIME**

11. How often during the last 2 weeks have you felt as if you are more dependent than you were before your heart problem?

- [ ] **ALL OF THE TIME**
- [ ] **MOST OF THE TIME**
- [ ] **A GOOD BIT OF THE TIME**
- [ ] **SOME OF THE TIME**
- [ ] **A LITTLE OF THE TIME**
- [ ] **HARDLY ANY OF THE TIME**
- [ ] **NONE OF THE TIME**
12. How often during the last 2 weeks have you felt you were unable to do your usual social activities or social activities with your family?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME

13. How often during the last 2 weeks have you felt as if others no longer have the same confidence in you as they did before your heart problem?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME

14. How often during the last 2 weeks have you experienced chest pain while doing your day-to-day activities?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME

15. How often during the last 2 weeks have you felt unsure of yourself or lacking in self-confidence?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME
16. How often during the last 2 weeks have you been bothered by aching or
tired legs?

1 □ ALL OF THE TIME
2 □ MOST OF THE TIME
3 □ A GOOD BIT OF THE TIME
4 □ SOME OF THE TIME
5 □ A LITTLE OF THE TIME
6 □ HARDLY ANY OF THE TIME
7 □ NONE OF THE TIME

17. During the last 2 weeks, how much have you been limited in doing sports or
exercise as a result of your heart problem?

1 □ EXTREMELY LIMITED
2 □ VERY LIMITED
3 □ LIMITED QUITE A BIT
4 □ MODERATELY LIMITED
5 □ SOMEWHAT LIMITED
6 □ LIMITED A LITTLE
7 □ NOT LIMITED AT ALL

18. How often during the last 2 weeks have you felt apprehensive or frightened?

1 □ ALL OF THE TIME
2 □ MOST OF THE TIME
3 □ A GOOD BIT OF THE TIME
4 □ SOME OF THE TIME
5 □ A LITTLE OF THE TIME
6 □ HARDLY ANY OF THE TIME
7 □ NONE OF THE TIME

19. How often during the last 2 weeks have you felt dizzy or lightheaded?

1 □ ALL OF THE TIME
2 □ MOST OF THE TIME
3 □ A GOOD BIT OF THE TIME
4 □ SOME OF THE TIME
5 □ A LITTLE OF THE TIME
6 □ HARDLY ANY OF THE TIME
7 □ NONE OF THE TIME
20. In general, during the last 2 weeks how much have you been restricted or limited as a result of your heart problem?

1  ☐  EXTREMELY LIMITED
2  ☐  VERY LIMITED
3  ☐  LIMITED QUITE A BIT
4  ☐  MODERATELY LIMITED
5  ☐  SOMewhat LIMITED
6  ☐  LIMITED A LITTLE
7  ☐  NOT LIMITED AT ALL

21. How often during the last 2 weeks have you felt unsure as to how much exercise or physical activity you should be doing?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME

22. How often during the last 2 weeks have you felt as if your family is being over-protective toward you?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME

23. How often during the past 2 weeks have you felt as if you were a burden on others?

1  ☐  ALL OF THE TIME
2  ☐  MOST OF THE TIME
3  ☐  A GOOD BIT OF THE TIME
4  ☐  SOME OF THE TIME
5  ☐  A LITTLE OF THE TIME
6  ☐  HARDLY ANY OF THE TIME
7  ☐  NONE OF THE TIME
24. How often during the past 2 weeks have you felt excluded from doing things with other people because of your heart problem?

1. [ ] All of the time
2. [ ] Most of the time
3. [ ] A good bit of the time
4. [ ] Some of the time
5. [ ] A little of the time
6. [ ] Hardly any of the time
7. [ ] None of the time

25. How often during the past 2 weeks have you felt unable to socialize because of your heart problem?

1. [ ] All of the time
2. [ ] Most of the time
3. [ ] A good bit of the time
4. [ ] Some of the time
5. [ ] A little of the time
6. [ ] Hardly any of the time
7. [ ] None of the time

26. In general, during the last 2 weeks how much have you been physically restricted or limited as a result of your heart problem?

1. [ ] Extremely limited
2. [ ] Very limited
3. [ ] Limited quite a bit
4. [ ] Moderately limited
5. [ ] Somewhat limited
6. [ ] Limited a little
7. [ ] Not limited at all

27. How often during the last 2 weeks have you felt your heart problem limited or interfered with sexual intercourse?

1. [ ] All of the time
2. [ ] Most of the time
3. [ ] A good bit of the time
4. [ ] Some of the time
5. [ ] A little of the time
6. [ ] Hardly any of the time
7. [ ] None of the time
8. [ ] Not applicable