PARTICIPANT ID	DATE	STAFF ID	VISIT
	/ /		2-yr follow-up

HEART AND SOUL STUDY

2-YEAR FOLLOW-UP INTERVIEW FORM

Start Time: ☐☐:☐☐ ○ AM ○ PM **Stop Time:** ☐☐:☐☐ ○ AM ○ PM

Form/Procedure	Please mark with an X when completed	Comments/Notes
Address/phone # update (#1-4) (have patient's current address available)	☐ Yes ☐ No	
Outcome events, hospitalizations (#5) (have date of last appointment or interview available)	☐ Yes ☐ No	
Hospital and doctor contact information	☐ Yes ☐ No	
PHQ (#6)	☐ Yes ☐ No	
Depression, including depression module of CDIS (#7-8)	☐ Yes ☐ No	
Overall Health (#9-11)	☐ Yes ☐ No	
Angina (#12-18)	☐ Yes ☐ No	
Cognitive function (#19-20) (have patient's DOB available)	☐ Yes ☐ No	
Activities of daily living (#21-23)	☐ Yes ☐ No	
Medication Inventory Form, part 1-4	☐ Yes ☐ No	

Please use ALL CAPITAL LETTERS when writing words.

Question 1 and 2 to be completed by interviewer (do not need to ask patient)

1. First Name | MI | Last Name

2. Date of last appointment/interview ☐☐ / ☐☐ / ☐☐

☐ **Patient is able to complete interview** → **Go to question 3**

☐ **Patient is unable to complete interview** → **Complete below and continue with interview as appropriate**

☐ **Patient deceased** → **Please complete death form with person listed below.**

If patient is unable to complete the interview themselves, obtain the name and phone number of a friend or relative who can answer questions for them:

LAST NAME: FIRST NAME:

PHONE NUMBER: ☐☐☐ - ☐☐☐ - ☐☐☐☐ RELATIONSHIP TO PATIENT:

3. What is your current phone number? ☐☐☐ - ☐☐☐ - ☐☐☐☐
(area code)

4. Has your address changed from <*insert address*>? ☐ Yes ☐ No

If yes, please indicate new address below:

Street Number | Street Name | Apt Number

City | State | Zip Code

5. Since your last interview on <*insert date*>, have you had any of the following (or in the past year, do you know whether Mr./Mrs.____ had any of the following)?

Please mark with an X all boxes that apply.

- ☐ Heart Attack or myocardial infarction
- ☐ Coronary artery bypass surgery
- ☐ Coronary angioplasty (inflating a balloon in heart vessel or placing a stent in heart vessel)
- ☐ Angina (cardiac chest pain) requiring admission to a hospital
- ☐ Congestive heart failure requiring admission to a hospital
- ☐ Stroke (blockage or rupture of a blood vessel in the brain)
- ☐ Other hospitalization → **Explain in box below:**
- ☐ None of the above

HOSPITAL AND DOCTOR INFORMATION

If you have been admitted to a hospital (or if he/she was admitted to a hospital), could you provide the name, address, city, and phone number of each hospital?

Do you remember the approximate date of the hospitalization?

Do you remember the name of the doctor(s) who took care of you (or Mr./Mrs.____) during this hospitalization (including address, city and phone number)?

Interviewer: Please list hospitals, including name, address, city, phone number, approximate dates of hospitalization, and the doctor who took care of patient (Please complete hospital/ doctor form for up to 4 hospitalizations).

PHQ

6. Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things.	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless.	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much.	☐	☐	☐	☐
d. Feeling tired or having little energy.	☐	☐	☐	☐
e. Poor appetite or overeating.	☐	☐	☐	☐
f. Feeling bad about yourself, or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h. 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.	☐	☐	☐	☐
i. Thoughts that you would be better off dead or hurting yourself in some way.	☐	☐	☐	☐

7. Complete the depression module of the CDIS now.

At the end of the depression module:

8. Have you (insert stated symptoms of depression, been feeling sad, lost interest, etc) lately?

☐ Yes ☐ No

IF YES, for how long? ☐☐

○ days (up to one month)
○ months
○ years

9. Compared to other people your own age, how would you rate your <u>overall health</u>?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

10. Compared to other people your own age, how would you rate your <u>overall quality of life</u>?

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

11. During the **past 4 weeks,** how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

12. Overall, which **one** of the following statements best describes the symptoms associated with your heart condition:

- ☐ I have no limitation of physical activity. Ordinary physical activity does not cause fatigue, shortness of breath or chest pain.
- ☐ I have slight limitation of physical activity. Ordinary physical activity results in fatigue, shortness of breath or chest pain.
- ☐ I have marked limitation of physical activity. Less than ordinary activity causes fatigue, shortness of breath or chest pain.
- ☐ I am unable to engage in any physical activity without discomfort. Fatigue, shortness of breath or chest pain may be present even at rest.

ANGINA

13. Over the past four weeks, on average, how many times have you had **chest pain, chest tightness, or angina?**

- ☐ None over the past 4 weeks
- ☐ Less than once a week
- ☐ 1-2 times per week
- ☐ 3 or more times per week but not every day
- ☐ 1-3 times per day
- ☐ 4 or more times per day

14. Over the past four weeks, how many times have you had to take nitroglycerin (nitroglycerin tablets or spray) for your **chest pain, chest tightness, or angina?**

- ☐ None over the past 4 weeks
- ☐ Less than once a week
- ☐ 1-2 times per week
- ☐ 3 or more times per week but not every day
- ☐ 1-3 times per day
- ☐ 4 or more times per day

15. Over the past four weeks, how many times has your **chest pain, chest tightness, or angina** limited your enjoyment of life?

- ☐ I don't have angina or it has not limited my enjoyment of life
- ☐ It has barely limited my enjoyment of life
- ☐ It has slightly limited my enjoyment of life
- ☐ It has moderately limited my enjoyment of life
- ☐ It has severely limited my enjoyment of life

16. If you had to spend the rest of your life with the same level of chest pain, chest tightness, or angina that you have right now, how would you feel about this?

- ☐ Completely satisfied or no chest pain in the last 4 weeks
- ☐ Mostly satisfied
- ☐ Somewhat satisfied
- ☐ Mostly dissatisfied
- ☐ Not satisfied at all

17. How often do you think or worry that you may have a heart attack or die suddenly?

- ☐ I never think or worry about it
- ☐ I rarely think or worry about it
- ☐ I occasionally think or worry about it
- ☐ I often think or worry about it
- ☐ I can't stop thinking or worrying about it

18. Please go over the activities listed below and indicate how much limitation you have had **due to chest pain, chest tightness, or angina over the past 4 weeks. Please mark with an X only one box for each statement.**

	Not at all limited	A little limited	Moderately limited	Quite a bit limited	Severely limited	Limited for other reasons or did not do the activity
a. Dressing yourself	☐	☐	☐	☐	☐	☐
b. Walking indoors on level ground	☐	☐	☐	☐	☐	☐
c. Showering	☐	☐	☐	☐	☐	☐
d. Climbing a hill or a flight of stairs without stopping	☐	☐	☐	☐	☐	☐
e. Gardening, vacuuming, or carrying groceries	☐	☐	☐	☐	☐	☐
f. Walking more than a block at a brisk pace	☐	☐	☐	☐	☐	☐
g. Running or jogging	☐	☐	☐	☐	☐	☐
h. Lifting or moving heavy objects (e.g., furniture, children)	☐	☐	☐	☐	☐	☐
i. Participating in strenuous sports	☐	☐	☐	☐	☐	☐

COGNITIVE FUNCTION

19. Now, I'm going to ask you a few basic memory questions.

Note to interviewer (Do not read to patient): No aids to memory, such as looking at a calendar or newspaper, or asking for hints, are permitted. Refusal to answer any question usually means that the patient does not know the answer, and the item should be scored as incorrect.

	Correct	Incorrect
1. What is the date today? (Exact month, day, year required)	☐	☐
2. What day of the week is it?	☐	☐
3. Where are you right now? (Any correct description acceptable)	☐	☐
4. What is your date of birth? (Exact month day, day, year required)	☐	☐
5. How old are you? (Correct if corresponds to DOB)	☐	☐
6. Who is the president of the United States now? (Correct if knows last name only)	☐	☐
7. Who was the president just before him? (Correct if knows last name only)	☐	☐
8. What was your mother's maiden name? (Correct if last name other than subject's last name is given)	☐	☐
9. Please subtract 3 from 20, and keep subtracting 3 from each new number, all the way down. (Any error is scored as incorrect. Entire series must be performed correctly: 17, 14, 11, 8, 5, 2.)	☐	☐

20. To be completed by the interviewer (do not need to ask the patient)	**Yes**	**No**
1. Did the patient know his or her telephone number?	☐	☐
2. Did the patient know his or her address?	☐	☐

ACTIVITIES OF DAILY LIVING

21. Now, I am going to ask you some questions about how you take care of yourself AT THIS TIME. Each question is about some activity of daily living, things we all need to do as part of our daily lives.

AT THIS TIME, do you receive assistance with:	Receive no assistance	Receive some assistance	Unable to do alone
Washing or bathing yourself?	☐	☐	☐
Dressing and undressing (other than tying shoes)?	☐	☐	☐
Going to the toilet or cleaning yourself?	☐	☐	☐
Getting in and out of bed or a chair?	☐	☐	☐
Eating (other than precutting meat or buttering bread)?	☐	☐	☐
Walking (other than using a single, straight cane)?	☐	☐	☐
Using the telephone, including looking up and dialing numbers, and answering the phone?	☐	☐	☐
Getting to places out of walking distance by using public transportation or driving your car?	☐	☐	☐
Shopping for groceries or clothes?	☐	☐	☐
Preparing, serving, and providing meals for yourself?	☐	☐	☐
Doing light housework, such as dusting or washing dishes?	☐	☐	☐
Doing laundry?	☐	☐	☐
Taking pills or medicines in the correct amounts and at the correct times?	☐	☐	☐
Handling your own money, including writing checks and paying bills?	☐	☐	☐

22. AT THIS TIME:	Never	Sometimes	Often
How often do you have accidents with your bowels during the day or night?	☐	☐	☐
How often do you wet yourself during the day or night?	☐	☐	☐

23.	≥ 3 days	1 or 2 days	0 days
In the past 2 weeks, how many times have you been outside of your house (or residence)?	☐	☐	☐