

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cardiac Surgery Health Status Questionnaire**

We are asking you to complete this questionnaire about your health status to assist us in better understanding the long-term benefits of your heart surgery.  All answers will be kept confidential.

|  |
| --- |
| **Under each heading, please check the ONE box that best describes your health TODAY.** |
|  |  |
| MOBILITY |  |
| I have no problems in walking about | ❑ |
| I have some problems in walking about | ❑ |
| I am confined to bed | ❑ |
|  |  |
| SELF-CARE |  |
| I have no problems with self-care | ❑ |
| I have some problems washing or dressing myself | ❑ |
| I am unable to wash or dress myself | ❑ |
|  |  |
| USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)* |  |
| I have no problems with performing my usual activities | ❑ |
| I have some problems with performing my usual activities | ❑ |
| I am unable to perform my usual activities | ❑ |
|  |  |
| PAIN / DISCOMFORT |  |
| I have no pain or discomfort | ❑ |
| I have moderate pain or discomfort | ❑ |
| I have extreme pain or discomfort | ❑ |
|  |  |
| ANXIETY / DEPRESSION |  |
| I am not anxious or depressed | ❑ |
| I am moderately anxious or depressed | ❑ |
| I am extremely anxious or depressed | ❑ |

|  |
| --- |
| We would like to know how good or bad your health is TODAY. |
| * This scale is numbered from 0 to 100.
 |
| * 100 means the best health you can imagine.
* 0 means the worst health you can imagine.
 |
| * Mark an X on the scale to indicate how your health is TODAY.
 |
| * Now, please write the number you marked on the scale in the box below.
 |

The best health you can imagine.

10

0

20

30

40

50

60

80

70

90

100

5

15

25

35

45

55

75

65

85

95

The worst health you can imagine.

YOUR HEALTH TODAY =