

ID#: _____

Date: _____

PedsQL™

Cardiac Module

Version 3.0

ADULT REPORT

DIRECTIONS

Adults with heart conditions sometimes have special problems. Please tell us **how much of a problem** each one has been for you during the **past ONE month** by circling:

- 0 if it is **never** a problem
- 1 if it is **almost never** a problem
- 2 if it is **sometimes** a problem
- 3 if it is **often** a problem
- 4 if it is **almost always** a problem

There are no right or wrong answers.
If you do not understand a question, please ask for help.

In the past **ONE** month, how much of a **problem** has this been for you...

HEART PROBLEMS AND TREATMENT <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
1. I get out of breath when I do sports activity or exercise	0	1	2	3	4
2. My chest hurts or feels tight when I do sports activity or exercise	0	1	2	3	4
3. I catch colds easily	0	1	2	3	4
4. I feel my heart beating fast	0	1	2	3	4
5. My lips turn blue when I run	0	1	2	3	4
6. I wake up at night with trouble breathing	0	1	2	3	4
7. I have to rest more than my friends	0	1	2	3	4

If you are currently taking heart medicine, please answer the following...
Otherwise, please skip to “Perceived Physical Appearance”.

TREATMENT II <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
1. I refuse to take my heart medicine	0	1	2	3	4
2. It is hard for me to take my heart medicine	0	1	2	3	4
3. I forget to take my heart medicine	0	1	2	3	4
4. My heart medicine makes me feel sick	0	1	2	3	4
5. I worry about how my medicines affect my body	0	1	2	3	4

PERCEIVED PHYSICAL APPEARANCE <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
1. I feel I am not good looking	0	1	2	3	4
2. I don't like other people to see my scars	0	1	2	3	4
3. I am embarrassed when others see my body	0	1	2	3	4

TREATMENT ANXIETY <i>(problems with...)</i>	Never	Almost Never	Some- times	Often	Almost Always
1. I get scared when I am waiting to see the doctor	0	1	2	3	4
2. I get scared when I have to go to the doctor	0	1	2	3	4
3. I get scared when I have to go to the hospital	0	1	2	3	4
4. I get scared when I have to have medical treatments	0	1	2	3	4

In the past **ONE** month, how much of a **problem** has this been for you...

COGNITIVE PROBLEMS (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for me to figure out what to do when something bothers me	0	1	2	3	4
2. I have trouble solving math problems	0	1	2	3	4
3. I have trouble writing papers or reports	0	1	2	3	4
4. It is hard for me to pay attention to things	0	1	2	3	4
5. It is hard for me to remember what I read	0	1	2	3	4

COMMUNICATION (problems with...)	Never	Almost Never	Some-times	Often	Almost Always
1. It is hard for me to tell the doctors and nurses how I feel	0	1	2	3	4
2. It is hard for me to ask the doctors and nurses questions	0	1	2	3	4
3. It is hard for me to explain my heart problem to other people	0	1	2	3	4