



Subject ID. _____

ERICA
6 and 12 month
Follow Up Questionnaire

Thank you for taking the time to fill in this questionnaire. We appreciate the time it will take to complete. Please answer the questions to the best of your availability and feel free to leave blank any questions you do not wish to answer.

This questionnaire relates to the last 6 months

Please use **black** ink

1

Subject Initials

.....

2

Today's Date

--	--

Day

--	--

Month

--	--	--	--

Year

3

Date of Birth

--	--

Day

--	--

Month

--	--	--	--

Year

ABOUT YOUR CARDIAC HEALTH

4

a) Since we last saw you, has a doctor told you that you have had angina?

Yes ☐ No ☐

If Yes, did you go to hospital? Yes ☐ No ☐

If you did go to hospital, did you stay overnight? Yes ☐ No ☐

Date of admission

b) Since we last saw you, has a doctor told you that you have had a heart attack (myocardial infarct/ MI/ coronary thrombosis)?

Yes ☐ No ☐

If yes, when

If Yes, did you go to hospital? Yes ☐ No ☐

If you did go to hospital, did you stay overnight? Yes ☐ No ☐

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Since we last saw you, have you been told by a doctor that you have high blood pressure (hypertension) ?

Yes – new diagnosis ☐ Was already diagnosed ☐ No ☐

If you have been newly diagnosed, are you on treatment, if so which _____

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Since we last saw you, have you been told by a doctor that you have high cholesterol (hypercholesterolaemia)?

Yes – new diagnosis ☐ Was already diagnosed ☐ No ☐

If you have been newly diagnosed, are you on treatment, if so which _____

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Since we last saw you, have you been told by a doctor that you have had a stroke or transient attack (mini-stroke/ TIA?)

Yes ☐ No ☐

If yes:

please tick one

Stroke ☐

Transient Ischemic Attack (TIA) ☐

Other (please specify) ☐

If yes, when?

If Yes, did you go to hospital? Yes ☐ No ☐

If you did go to hospital, did you stay overnight? Yes ☐ No ☐

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Since we last saw you, have you been told by a doctor that you have diabetes?

Yes – new diagnosis ☐ Was already diagnosed ☐ No ☐

If you have been newly diagnosed, are you on treatment, if so which _____

a) Since we saw you last, have you had any pain or discomfort in your chest?

Please tick one

Yes

No

☐
☐

If yes, please answer b-g. If no, please go to question 10.

b) Do you get pain or discomfort when you walk uphill or hurry?

Please tick one

Yes

No

☐
☐

c) Do you get it when you walk at an ordinary pace on the level?

Please tick one

Yes

No

☐
☐

d) When you get any pain or discomfort in your chest, what do you do?

Please tick one

Stop

☐

Slow Down

☐

Continue at the same pace

☐

e) Does it go away when you stand still?

Please tick one

Yes

No

☐
☐

f) If yes, how soon?

Please tick one

In 10 Minutes or less

☐

More than 10 minutes

☐

g) Where do you get this pain or discomfort?

10

a) Since we saw you last, have you had a severe pain across the front of your chest lasting half an hour or more?

Please tick one

Yes No

1

b) If yes:

Did you talk to a doctor about it?

please tick one

Yes No

1

c) What did he/she say about it?

--

d) How many of these attacks have you had? *Enter number*

--	--

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Have you at any time since we last saw you been awoken at night by an attack of breathlessness?

Please tick one

Yes No

1

12

Have you ever had noticeable swelling of your ankles for at least one week?

Please tick one

Yes No

11

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Do you get pain in either leg on walking?

Please tick one

Yes No

7

ABOUT YOUR RESPIRATORY HEALTH AND COPD

14

Since we last saw you, have you been on a pulmonary rehabilitation course?

Yes ☐ No ☐

If Yes, did you complete it? Yes ☐ No ☐ Ongoing ☐

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Since we last saw you, have you changed your smoking habit? Yes ☐ No ☐

Stopped ☐ When? _____

Started ☐ How many / day? _____

Tried to stop but restarted ☐

Changed amount ☐ How many / day? _____

Other – e.g. cigars ☐

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Which statement best describes your breathlessness?

Please tick the appropriate box

1. I only get breathless with strenuous exercise ☐

2. I get short of breath when hurrying on the level or walking up a slight hill ☐

3. I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level ☐

4. I stop for breath after walking about 100 yards or after a few minutes on the level ☐

5. I am too breathless to leave the house or I am breathless when dressing ☐

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Have you had any courses of steroids since we last saw you for your breathing?

Yes ☐ No ☐

If yes, how many courses _____

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Have you had any courses of antibiotics since we last saw you for your breathing?

Yes ☐ No ☐

If yes, how many courses _____

ABOUT YOUR GENERAL HEALTH

19

How many times have you consulted your GP since we last saw you?

Enter number

20

Compared to 6 months ago, how would you rate your health in general now?

please tick one

Much better now than 6 months ago

☐

Somewhat better than 6 months ago

☐

About the same as 6 months ago

☐

Somewhat worse than 6 months ago

☐

Much worse than 6 months ago

☐

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Since we last saw you, have you noticed that your weight has changed?

Please tick one

Lost weight intentionally (for eg been on a diet)

☐

Lost weight unintentionally

☐

Gained weight

☐

No change

☐

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Drinking Habits

On average, how much alcohol do you consume in a week?

Enter number of units

Note: **1 unit** = 1 small glass of wine (125mL)
= ½ pint of beer/ lager/ cider
= 25 ml pub measure of spirit

HOSPITAL ADMISSIONS

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FOR YOUR BREATHING or COPD, have you been admitted to hospital (including A&E or admitted) since we last saw you?

please tick one

Yes

No

☐☐

If yes, please specify the number of times in the last 6 months:

If yes, did you need to go to intensive care? Yes ☐

No ☐

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Have you been admitted to hospital (including A&E, day case or admitted) FOR ANY OTHER REASON since we last saw you?

please tick one

Yes

No

☐☐

b) If yes, please specify the number of times:

enter number

Please specify the reason for hospitalization(s) and the dates:

Cause 1

Month

Year

Cause 2

Month

Year

Cause 3

Month

Year

MEDICATION

25

Please list below your medication

	Medication	Is this a new prescription since we last saw you?	
1)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9)	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	Medication	Is this a new prescription since we last saw you?
10)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>
11)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>
12)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>
13)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>
14)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>
15)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>
16)	<div></div>	<div>Yes No</div> <div><input type="checkbox"/> <input type="checkbox"/></div>

ACTIVITIES

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How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

See details below.

Please tick one answer for each question

	3 times a week	once or twice per week	About once to three times per month	Never / hardly ever
a) Mildly energetic (for example, walking, gardening, playing darts, general housework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Moderately energetic (for example, scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vigorous (for example, running, hard swimming, tennis, squash, digging, cycle racing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Thinking about the past week:

a) On average, for how long did you walk outside your home/ workplace? (If you did not walk please enter '00' in the boxes.)

	Hours	Minutes
On each weekday	<input type="text"/>	<input type="text"/>
On each weekend day	<input type="text"/>	<input type="text"/>

Thank you very much for your time.