

Patient Id:	
Symptoms	Score between 0 and 9 With 0 meaning no or none, 5 meaning troublesome and 9 being severe
Breathlessness	
<i>On moderate exertion (eg:- walking quickly, climbing 2-3 flights of stairs)</i>	
<i>On mild exertion (eg:- walking slowly or doing light housework)</i>	
<i>On slight exertion (washing or dressing)</i>	
<i>Sitting at rest</i>	
<i>Do you get breathless lying flat?</i>	
Other Symptoms	
<i>Swelling of Ankles</i>	
<i>Swelling of Legs Above Ankles</i>	
<i>Are you troubled by tiredness during the day?</i>	
<i>Do you suffer much from anxiety?</i>	
<i>Do you feel depressed?</i>	
<i>Chest Pain at Rest</i>	
<i>Chest Pain on Exertion</i>	
<i>Dizziness</i>	
<i>Palpitations</i>	
<i>Indigestion or Heartburn</i>	
<i>Muscle Aches & Pains</i>	
<i>Cough and/or Wheeze</i>	
<i>Other Symptom or Problem (Name)</i>	
<i>How Severe is this problem ? Score to 9 as above.</i>	
<i>Other Symptom or Problem (Name)</i>	
<i>How Severe is this problem ? Score to 9 as above.</i>	
Quality of Life (with 1 = very good, 5 = average, 9 = very bad)	
<i>How do you rate your health?</i>	
<i>How do you rate your overall quality of life?</i>	
Please also answer these questions “Yes” or “No” or Give a Number	
<i>How many pillows do you sleep with?</i>	
<i>Do you sometimes wake in the night fighting for breath?</i>	
<i>If so, how many nights in the last two months?</i>	
<i>Have you had any falls?</i>	
<i>If so, how many in the last two months?</i>	
<i>Have you had any blackouts?</i>	
<i>If so, how many in the last two months?</i>	