Anxiety/Depression (HADS)

Record ID _____

Scores from HADS completed for APS follow-up at this timepoint

Anxiety Score _____

Depression Score _____

IES-6

Please complete the survey below.Thank you!

	Please indicate how distressed or bothered you were, over the past 7 days, by the symptoms below with regard to your hospitalization.	Not at all	A little bit	Moderately	Quite a bit	Extremely
1)	I thought about it when I did not mean to	◯	◯	◯	◯	◯
2)	I felt watchful or on-guard	◯	◯	◯	◯	◯
3)	Other things kept making me think about it	◯	◯	◯	◯	◯
4)	I was aware that I still had a lot of feelings about it, but I didn't deal with them	◯	◯	◯	◯	◯
5)	I tried not to think about it	◯	◯	◯	◯	◯
6)	I had trouble concentrating	◯	◯	◯	◯	◯

GAD 7 Item Scale

Please complete the survey below. Please ignore questions #1-2 that may already have been answered, those are for the study coordinator.Thank you!Complete la encuesta a continuación. Por favor ignore las preguntas 1 y 2 que posiblemente ya hayan sido respondidas, esas son para el coordinador del estudio.¡Gracias!

1) Time point?
- ◯ 2 weeks post discharge
- ◯ 3 months post discharge
- ◯ 6 months post discharge
- ◯ 12 months post discharge

2) Was this questionnaire completed as a part of standard clinical care?
- ◯ Yes
- ◯ No

Over the last 2 weeks, how often have you been bothered by the following problems?

Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas?

		No days / Ningún día	Several days / Varios días	Over half the days / Más de la mitad de los días	Nearly every day / Casi todos los días
3)	Feeling nervous, anxious, or on edge / Se ha sentido nervioso(a), ansioso(a) o con los nervios de punta	◯	◯	◯	◯
4)	Not being able to stop or control worrying / No ha sido capaz de parar o controlar su preocupación	◯	◯	◯	◯
5)	Worrying too much about different things / Se ha preocupado demasiado por motivos diferentes	◯	◯	◯	◯
6)	Trouble relaxing / Ha tenido dificultad para relajarse	◯	◯	◯	◯
7)	Being so restless that it's hard to sit still / Se ha sentido tan inquieto(a) que no ha podido quedarse quieto(a)	◯	◯	◯	◯
8)	Becoming easily annoyed or irritable / Se ha molestado o irritado fácilmente	◯	◯	◯	◯
9)	Feeling afraid as if something awful might happen / Ha tenido miedo de que algo terrible fuera a pasar	◯	◯	◯	◯

10) If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

¿Si marcó cualquiera de los problemas, ¿qué tanta dificultad le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?

- ◯ Not difficult at all / No ha sido dificil
- ◯ Somewhat difficult / Un poco dificil
- ◯ Very difficult / Muy dificil
- ◯ Extremely difficult / Extremadamente dificil

11) Total Score

_____

PHQ-9

Please complete the survey below. Please ignore questions #1-2 that may already have been answered, those are for the study coordinator.Thank you!Complete la encuesta a continuación. Por favor ignore las preguntas 1 y 2 que posiblemente ya hayan sido respondidas, esas son para el coordinador del estudio.¡Gracias!

1) Time point?
- ◯ 2 weeks post discharge
- ◯ 3 months post discharge
- ◯ 6 months post discharge
- ◯ 12 months post discharge

2) Was this completed as a part of standard clinical care?
- ◯ Yes
- ◯ No

3) Date/ fecha: _____

Over the last 2 weeks how often have you been bothered by any of the following problems? (Click the circle to indicate your answer)

Durante las últimas 2 semanas, ¿qué tan seguido ha tenido molestias debido a los siguientes problemas? (Haga clic en el círculo para indicar su respuesta).

4) Little interest or pleasure in doing things

Poco interés o placer en hacer cosas
- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

5) Feeling down, depressed, or hopeless

Se ha sentido decaído(a), deprimido(a) o sin esperanzas
- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

6) Trouble falling or staying asleep, or sleeping too much

Ha tenido dificultad para quedarse o permanecer dormido(a), o ha dormido demasiado
- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

7) Feeling tired or having little energy

Se ha sentido cansado(a) o con poca energía
- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

8) Poor appetite or overeating

Sin apetito o ha comido en exceso
- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

9) Feeling bad about yourself, or that you are a failure or have let yourself or your family down

Se ha sentido mal con usted mismo(a), o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia

- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

10) Trouble concentrating on things, such as reading the newspaper or watching television

Ha tenido dificultad para concentrarse en ciertas actividades, tales como leer el periódico o ver la televisión

- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

11) 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

¿Se ha movido o hablado tan lento que otras personas podrían haberlo notado? o lo contrario - muy inquieto(a) o agitado(a) que ha estado moviéndose mucho más de lo normal

- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

12) If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Si marcó cualquiera de los problemas, ¿qué tanta dificultad le han dado estos problemas para hacer su trabajo, encargarse de las tareas del hogar, o llevarse bien con otras personas?

- ◯ Not difficult at all/ No ha sido dificil
- ◯ Somewhat difficult/ Un poco dificil
- ◯ Very difficult/ Muy dificil
- ◯ Extremely difficult/ Extremadamente dificil

13) Thoughts that you would be better off dead or of hurting yourself in some way

Pensamientos de que estaría mejor muerto(a) o de lastimarse de alguna manera

- ◯ Not at all / Ningún día
- ◯ Several days / Varios días
- ◯ More than half the days / Más de la mitad de los días
- ◯ Nearly every day / Casi todos los días

14) Total score

_____

AUDIT

Please complete the survey below. Please ignore question #1 that may already have been answered, that question is for the study coordinator.Thank you!Complete la encuesta a continuación. Por favor ignore la pregunta #1 que ya puede haber sido respondida, esa pregunta es para el coordinador del estudio.¡Gracias!

	Never (0)	Monthly or less (1)	2 to 4 times a month (2)	2 to 3 times a week (3)	4 or more times a week (4)
1. How often do you have a drink containing alcohol?	◯	◯	◯	◯	◯

	1 or 2 drinks (0)	3 or 4 drinks (1)	5 or 6 drinks (2)	7 to 9 drinks (3)	10 or more drinks (4)
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	◯	◯	◯	◯	◯

	Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
3. How often do you have 6 or more drinks on one occasion?	◯	◯	◯	◯	◯

How often during the last year have you been unable to remember what happened the night before because of your drinking?

◯ Never (0)
◯ Less than monthly (1)
◯ Monthly (2)
◯ Weekly (3)
◯ Daily or almost daily (4)

How often during the last year have you found that you were not able to stop drinking once you had started?

◯ Never (0)
◯ Less than monthly (1)
◯ Monthly (2)
◯ Weekly (3)
◯ Daily or almost daily (4)

Have you or someone else been injured because of your drinking?

◯ No (0)
◯ Yes, but not in the last year (2)
◯ Yes, during the last year (4)

How often during the last year have you failed to do what was normally expected of you because of drinking?

◯ Never (0)
◯ Less than monthly (1)
◯ Monthly (2)
◯ Weekly (3)
◯ Daily or almost daily (4)

Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

◯ No (0)
◯ Yes, but not in the last year (2)
◯ Yes, during the last year (4)

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

◯ Never (0)
◯ Less than monthly (1)
◯ Monthly (2)
◯ Weekly (3)
◯ Daily or almost daily (4)

How often during the last year have you had a feeling of guilt or remorse after drinking?	◯ Never (0) ◯ Less than monthly (1) ◯ Monthly (2) ◯ Weekly (3) ◯ Daily or almost daily (4)
AUDIT-C Score	_____
AUDIT score	_____

MRC Dyspnea Scale

Please complete the survey below. Please ignore questions #1-2 that may already have been answered, those are for the study coordinator.Thank you!Complete la encuesta a continuación. Por favor ignore las preguntas 1 y 2 que posiblemente ya hayan sido respondidas, esas son para el coordinador del estudio.¡Gracias!

---

1) Time point?

- ◯ 2 weeks post discharge
- ◯ 3 months post discharge
- ◯ 6 months post discharge
- ◯ 12 months post discharge

---

2) Was this completed as a part of standard clinical care?

- ◯ Yes
- ◯ No

---

3) Please classify your degree of breathlessness related to activities/

Escoja la oración que MEJOR describa su falta de aire en un día típico de la semana pasada. Marque sólo una.

- ◯ Not troubled by breathlessness except on strenuous exercise / No me falta el aire a menos que ejercicio intenso.
- ◯ Short of breath when hurrying on the level or walking up a slight hill / Me molesta la falta de aire cuando camino rápido en un lugar llano o si subo una cuesta pequeña.
- ◯ Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace / Me detengo por la falta de aire cuando camino por más de quince minutos (aproximadamente una milla) o camino más lento que personas en mi edad en un lugar llano.
- ◯ Stops for breath after walking about 100 yds or after a few minutes on level ground / Me detengo por la falta de aire cuando camino por varios minutos (aproximadamente 90 metros) en un lugar llano.
- ◯ Too breathless to leave the house, or breathless when undressing / Me falta el aire al vestirme o desvestirme o la falta de aire no me deja salir de mi casa

Substance Use Data

Please complete the survey below.Thank you!

Please check any drugs you have used since your hospitalization/your last study visit	☐ Heroin ☐ Opiates/analgesics ☐ Barbiturates ☐ Cocaine ☐ Amphetamines ☐ Cannabis ☐ Other
Other:	_____
Since your hospitalization/your last study visit, have you used any of the following?	☐ Smoked tobacco (cigarettes, cigars, etc.) ☐ Smokeless tobacco (chewing tobacco, nicotine pouches, etc.) ☐ Vaped tobacco
How many days in the past 30 have you experienced alcohol problems?	_____
How many days in the past 30 have you experienced drug problems?	_____