

## QUESTIONNAIRES - PARTICIPANT SELF-REPORT

### Section A: Anxiety

#### Beck Anxiety Inventory (BAI) ( ≥18 yrs)

If not done, please select one response:

- Not Applicable (Age <18)       Refused  
 Too Low Functioning               Other, specify: \_\_\_\_\_  
 Unable to complete

Date of assessment: |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

Administration language:  English  Spanish

	Raw Score
Beck Anxiety Inventory Total Raw Score	__   __  (Range 0-63)

### Section B: Depression

#### Beck Depression Inventory (BDI-2) ( ≥18 yrs)

If not done, please select one response:

- Not Applicable (Age <18)       Refused  
 Too Low Functioning               Other, specify: \_\_\_\_\_  
 Unable to complete

Date of assessment: |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

Administration language:  English  Spanish

	Raw Score
BDI-2 Total Raw Score	__   __  (Range 0-63)

### Section C: ADHD

#### Conners' Adult ADHD Rating Scales (CAARS) ( ≥18 yrs)

If not done, please select one response:

- Not Applicable (Age <18)       Refused  
 Too Low Functioning               Other, specify: \_\_\_\_\_  
 Unable to complete

Date of assessment: |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

Administration language:  English  Spanish

Inattention/Memory Problems	__   __  (Range 30 - 90)
Hyperactivity/Restlessness	__   __  (Range 30 - 90)
Impulsivity/Emotional Lability	__   __  (Range 30 - 90)
Problems with Self-Concept	__   __  (Range 30 - 90)
DSM-IV Inattentive Symptoms	__   __  (Range 30 - 90)
DSM-IV Hyperactive/Impulsive Symptoms	__   __  (Range 30 - 90)
DSM-IV ADHD Symptoms Total	__   __  (Range 30 - 90)
ADHD Index	__   __  (Range 30 - 90)

**Section D: Quality of Life**

**PedsQL (<18 yrs)**

Not Applicable (Age ≥18)

**Generic Core - Child Report (≤12 yrs)**

**If not done, please select one response:**

- Not Applicable (Age >12)
- Too Low Functioning
- Unable to complete
- Refused
- Other, specify: \_\_\_\_\_

**Date of assessment:** |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

**Administration language:**  English  Spanish

**ABOUT MY HEALTH AND ACTIVITIES (*problems with...*)**

1. It is hard for me to walk more than one block	__	(Range 0-4)
2. It is hard for me to run	__	(Range 0-4)
3. It is hard for me to do sports activity or exercise	__	(Range 0-4)
4. It is hard for me to lift something heavy	__	(Range 0-4)
5. It is hard for me to take a bath or shower by myself	__	(Range 0-4)
6. It is hard for me to do chores around the house	__	(Range 0-4)
7. I hurt or ache	__	(Range 0-4)
8. I have low energy	__	(Range 0-4)

**ABOUT MY FEELINGS (*problems with...*)**

1. I feel afraid or scared	__	(Range 0-4)
2. I feel sad or blue	__	(Range 0-4)
3. I feel angry	__	(Range 0-4)
4. I have trouble sleeping	__	(Range 0-4)
5. I worry about what will happen to me	__	(Range 0-4)

**HOW I GET ALONG WITH OTHERS (*problems with...*)**

1. I have trouble getting along with other kids	__	(Range 0-4)
2. Other kids do not want to be my friend	__	(Range 0-4)
3. Other kids tease me	__	(Range 0-4)
4. I cannot do things that other kids my age can do	__	(Range 0-4)
5. It is hard to keep up when I play with other kids	__	(Range 0-4)

**ABOUT SCHOOL (*problems with...*)**

1. It is hard to pay attention in class	__	(Range 0-4)
2. I forget things	__	(Range 0-4)
3. I have trouble keeping up with my schoolwork	__	(Range 0-4)
4. I miss school because of not feeling well	__	(Range 0-4)
5. I miss school to go to the doctor or hospital	__	(Range 0-4)

**Cardiac Module - Child Report (≤12 yrs)**

**If not done, please select one response:**

- Not Applicable (Age >12)
- Too Low Functioning
- Unable to complete
- Refused
- Other, specify: \_\_\_\_\_

**Date of assessment:** |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
M M - D D - Y Y Y Y

**Administration language:**  English  Spanish

**HEART PROBLEMS AND TREATMENT (*problems with...*)**

1. I get out of breath when I do sports activity or exercise	__	(Range 0-4)
2. My chest hurts or feels tight when I do sports activity or exercise	__	(Range 0-4)
3. I catch colds easily	__	(Range 0-4)
4. I feel my heart beating fast	__	(Range 0-4)
5. My lips turn blue when I run	__	(Range 0-4)
6. I wake up at night with trouble breathing	__	(Range 0-4)
7. I have to rest more than my friends	__	(Range 0-4)

**TREATMENT II (*problems with...*)**

N/A (not taking heart medicine)

1. I refuse to take my heart medicine	__	(Range 0-4)
2. It is hard for me to take my heart medicine	__	(Range 0-4)
3. I forget to take my heart medicine	__	(Range 0-4)
4. My heart medicine makes me feel sick	__	(Range 0-4)
5. I worry about how my medicines affect my body	__	(Range 0-4)

**PERCEIVED PHYSICAL APPEARANCE (*problems with...*)**

1. I feel I am not good looking	__	(Range 0-4)
2. I don't like other people to see my scars	__	(Range 0-4)
3. I am embarrassed when others see my body	__	(Range 0-4)

**TREATMENT ANXIETY (*problems with...*)**

1. I get scared when I am waiting to see the doctor	__	(Range 0-4)
2. I get scared when I have to go to the doctor	__	(Range 0-4)
3. I get scared when I have to go to the hospital	__	(Range 0-4)
4. I get scared when I have to have medical treatments	__	(Range 0-4)

**COGNITIVE PROBLEMS (*problems with...*)**

1. It is hard for me to figure out what to do when something bothers	__	(Range 0-4)
2. I have trouble solving math problems	__	(Range 0-4)
3. I have trouble writing school papers or reports	__	(Range 0-4)
4. It is hard for me to pay attention to things	__	(Range 0-4)
5. It is hard for me to remember what I read	__	(Range 0-4)

**COMMUNICATION (problems with...)**

1. It is hard for me to tell the doctors and nurses how I feel	_	(Range 0-4)
2. It is hard for me to ask the doctors and nurses questions	_	(Range 0-4)
3. It is hard for me to explain my heart problem to other people	_	(Range 0-4)

**Generic Core - Teen Report (13- ≤17 yrs)**

**If not done, please select one response:**

Not Applicable (Age <13)       Refused

Too Low Functioning                       Other, specify: \_\_\_\_\_

Unable to complete

**Date of assessment:** |\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
M M - D D - Y Y Y Y

**Administration language:**  English  Spanish

**ABOUT MY HEALTH AND ACTIVITIES (problems with...)**

1. It is hard for me to walk more than one block	_	(Range 0-4)
2. It is hard for me to run	_	(Range 0-4)
3. It is hard for me to do sports activity or exercise	_	(Range 0-4)
4. It is hard for me to lift something heavy	_	(Range 0-4)
5. It is hard for me to take a bath or shower by myself	_	(Range 0-4)
6. It is hard for me to do chores around the house	_	(Range 0-4)
7. I hurt or ache	_	(Range 0-4)
8. I have low energy	_	(Range 0-4)

**ABOUT MY FEELINGS (problems with...)**

1. I feel afraid or scared	_	(Range 0-4)
2. I feel sad or blue	_	(Range 0-4)
3. I feel angry	_	(Range 0-4)
4. I have trouble sleeping	_	(Range 0-4)
5. I worry about what will happen to me	_	(Range 0-4)

**HOW I GET ALONG WITH OTHERS (problems with...)**

1. I have trouble getting along with other teens	_	(Range 0-4)
2. Other teens do not want to be my friend	_	(Range 0-4)
3. Other teens tease me	_	(Range 0-4)
4. I cannot do things that other teens my age can do	_	(Range 0-4)
5. It is hard to keep up with other peers	_	(Range 0-4)

**ABOUT SCHOOL (problems with...)**

1. It is hard to pay attention in class	_	(Range 0-4)
2. I forget things	_	(Range 0-4)
3. I have trouble keeping up with my schoolwork	_	(Range 0-4)
4. I miss school because of not feeling well	_	(Range 0-4)
5. I miss school to go to the doctor or hospital	_	(Range 0-4)

**Cardiac Module - Teen Report (13- ≤17 yrs)**

**If not done, please select one response:**

- Not Applicable (Age <13)
- Refused
- Too Low Functioning
- Other, specify: \_\_\_\_\_
- Unable to complete

**Date of assessment:** |\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
M M - D D - Y Y Y Y

**Administration language:**  English  Spanish

**HEART PROBLEMS AND TREATMENT (*problems with...*)**

1. I get out of breath when I do sports activity or exercise	_	(Range 0-4)
2. My chest hurts or feels tight when I do sports activity or exercise	_	(Range 0-4)
3. I catch colds easily	_	(Range 0-4)
4. I feel my heart beating fast	_	(Range 0-4)
5. My lips turn blue when I run	_	(Range 0-4)
6. I wake up at night with trouble breathing	_	(Range 0-4)
7. I have to rest more than my friends	_	(Range 0-4)

**TREATMENT II (*problems with...*)**

N/A (not taking heart medicine)

1. I refuse to take my heart medicine	_	(Range 0-4)
2. It is hard for me to take my heart medicine	_	(Range 0-4)
3. I forget to take my heart medicine	_	(Range 0-4)
4. My heart medicine makes me feel sick	_	(Range 0-4)
5. I worry about side effects from my medicine	_	(Range 0-4)

**PERCEIVED PHYSICAL APPEARANCE (*problems with...*)**

1. I feel I am not good looking	_	(Range 0-4)
2. I don't like other people to see my scars	_	(Range 0-4)
3. I am embarrassed when others see my body	_	(Range 0-4)

**TREATMENT ANXIETY (*problems with...*)**

1. I get scared when I am waiting to see the doctor	_	(Range 0-4)
2. I get scared when I have to go to the doctor	_	(Range 0-4)
3. I get scared when I have to go to the hospital	_	(Range 0-4)
4. I get scared when I have to have medical treatments	_	(Range 0-4)

**COGNITIVE PROBLEMS (*problems with...*)**

1. It is hard for me to figure out what to do when something bothers me	_	(Range 0-4)
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**COMMUNICATION (*problems with...*)**

1. It is hard for me to tell the doctors and nurses how I feel	_	(Range 0-4)
2. It is hard for me to ask the doctors and nurses questions	_	(Range 0-4)
3. It is hard for me to explain my heart problem to other people	_	(Range 0-4)

<b>Quality of Life Scale (QOLS) ( ≥18 yrs)</b>		<b>If not done, please select one response:</b>	
		<input type="checkbox"/> Not Applicable (Age <18)	<input type="checkbox"/> Refused
		<input type="checkbox"/> Too Low Functioning	<input type="checkbox"/> Other, specify: _____
		<input type="checkbox"/> Unable to complete	
<b>Date of assessment:</b>  _ _ - _ _ - _ _ _ _  M M - D D - Y Y Y Y		<b>Administration language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish	
1. Material comforts home, food, conveniences, financial security	_	(Range 1-7)	
2. Health - being physically fit and vigorous	_	(Range 1-7)	
3. Relationships with parents, siblings, and other relatives - communicating, visiting, helping	_	(Range 1-7)	
4. Having and rearing children	_	(Range 1-7)	
5. Close relationships with spouse or significant other	_	(Range 1-7)	
6. Close friends	_	(Range 1-7)	
7. Helping and encouraging others, volunteering, giving advice	_	(Range 1-7)	
8. Participating in organizations and public affairs	_	(Range 1-7)	
9. Learning - attending school, improving understanding, getting additional knowledge	_	(Range 1-7)	
10. Understanding yourself - knowing your assets and limitations - knowing what life is about	_	(Range 1-7)	
11. Work - job or in home	_	(Range 1-7)	
12. Expressing yourself creatively	_	(Range 1-7)	
13. Socializing - meeting other people, doing things, parties, etc.	_	(Range 1-7)	
14. Reading, listening to music, or observing entertainment	_	(Range 1-7)	
15. Participating in active recreation	_	(Range 1-7)	
16. Independence, doing for yourself	_	(Range 1-7)	