INSTRUCTIONS

Each day you will answer questions about your Pulmonary Arterial Hypertension symptoms over the **PAST 24 HOURS**. Please select the answer that best describes your experience with your symptoms.

On the 7th day you will answer questions about your Pulmonary Arterial Hypertension symptoms over the **PAST 24 HOURS** and additional questions about how your life was affected by Pulmonary Arterial Hypertension in the **PAST 7 DAYS**.

Please do not skip any questions. There are no right or wrong answers to any of the questions.
DAY 1 to DAY 6

Pulmonary Arterial Hypertension-Symptoms and Impact (PAH-SYMPACT™) Questionnaire

INSTRUCTIONS

Today you will answer questions about your Pulmonary Arterial Hypertension symptoms over the PAST 24 HOURS. Please select the answer that best describes your experience with your symptoms.

Please do not skip any questions. There are no right or wrong answers to any of the questions.
SYMPTOMS

1. In the past 24 hours …

Did you use oxygen?
☐ 0 No
☐ 1 Yes If yes: How many hours? _______

Answer the questions that follow based on your experiences regardless of whether you were using oxygen or not.

2. In the past 24 hours …

How would you rate your shortness of breath?
☐ 0 No shortness of breath at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

3. In the past 24 hours …

How would you rate your fatigue?
☐ 0 No fatigue at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

4. In the past 24 hours …

How would you rate your lack of energy?
☐ 0 No lack of energy at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

5. In the past 24 hours …

How would you rate the swelling in your ankles or legs?
☐ 0 No swelling in ankles or legs at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

6. In the past 24 hours …

How would you rate the swelling in your stomach area?
☐ 0 No swelling in stomach area at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe
7. In the past 24 hours …
   How would you rate your cough?
   □ 0 No cough at all
   □ 1 Mild
   □ 2 Moderate
   □ 3 Severe
   □ 4 Very Severe

8. In the past 24 hours …
   How would you rate your heart palpitations (heart fluttering)?
   □ 0 No heart palpitations (heart fluttering) at all
   □ 1 Mild
   □ 2 Moderate
   □ 3 Severe
   □ 4 Very Severe

9. In the past 24 hours …
   How would you rate your rapid heartbeat?
   □ 0 No rapid heartbeat at all
   □ 1 Mild
   □ 2 Moderate
   □ 3 Severe
   □ 4 Very Severe

10. In the past 24 hours …
    How would you rate your chest pain?
    □ 0 No chest pain at all
    □ 1 Mild
    □ 2 Moderate
    □ 3 Severe
    □ 4 Very Severe

11. In the past 24 hours …
    How would you rate your chest tightness?
    □ 0 No chest tightness at all
    □ 1 Mild
    □ 2 Moderate
    □ 3 Severe
    □ 4 Very Severe

12. In the past 24 hours …
    How would you rate your lightheadedness?
    □ 0 No lightheadedness at all
    □ 1 Mild
    □ 2 Moderate
    □ 3 Severe
    □ 4 Very Severe
DAY 7

Pulmonary Arterial Hypertension-Symptoms and Impact (PAH-SYMPACT™) Questionnaire

INSTRUCTIONS

Today you will answer questions about your Pulmonary Arterial Hypertension symptoms over the PAST 24 HOURS and additional questions about how your life was affected by Pulmonary Arterial Hypertension in the PAST 7 DAYS.

Please do not skip any questions. There are no right or wrong answers to any of the questions.
13. In the past 24 hours …

Did you use oxygen?

☐ 0 No
☐ 1 Yes If yes: How many hours? _______

Answer the questions that follow based on your experiences regardless of whether you were using oxygen or not.

14. In the past 24 hours …

How would you rate your shortness of breath?

☐ 0 No shortness of breath at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

15. In the past 24 hours …

How would you rate your fatigue?

☐ 0 No fatigue at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

16. In the past 24 hours …

How would you rate your lack of energy?

☐ 0 No lack of energy at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

17. In the past 24 hours …

How would you rate the swelling in your ankles or legs?

☐ 0 No swelling in ankles or legs at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

18. In the past 24 hours …

How would you rate the swelling in your stomach area?

☐ 0 No swelling in stomach area at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe
19. In the past 24 hours …

How would you rate your cough?
☐ 0 No cough at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

20. In the past 24 hours …

How would you rate your heart palpitations (heart fluttering)?
☐ 0 No heart palpitations (heart fluttering) at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

21. In the past 24 hours …

How would you rate your rapid heartbeat?
☐ 0 No rapid heartbeat at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

22. In the past 24 hours …

How would you rate your chest pain?
☐ 0 No chest pain at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

23. In the past 24 hours …

How would you rate your chest tightness?
☐ 0 No chest tightness at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe

24. In the past 24 hours …

How would you rate your lightheadedness?
☐ 0 No lightheadedness at all
☐ 1 Mild
☐ 2 Moderate
☐ 3 Severe
☐ 4 Very Severe
IMPACTS

For the following questions, please select the answer that best describes how your life was affected by Pulmonary Arterial Hypertension in the PAST 7 DAYS. Answer the questions based on your experiences regardless of whether you were using oxygen or not.

1. In the past 7 days …
   Were you able to walk slowly on a flat surface?
   - 0 Yes, with no difficulty at all
   - 1 Yes, with a little difficulty
   - 2 Yes, with some difficulty
   - 3 Yes, with much difficulty
   - 4 No, not able at all

2. In the past 7 days …
   Were you able to walk quickly on a flat surface?
   - 0 Yes, with no difficulty at all
   - 1 Yes, with a little difficulty
   - 2 Yes, with some difficulty
   - 3 Yes, with much difficulty
   - 4 No, not able at all

3. In the past 7 days …
   Were you able to walk uphill?
   - 0 Yes, with no difficulty at all
   - 1 Yes, with a little difficulty
   - 2 Yes, with some difficulty
   - 3 Yes, with much difficulty
   - 4 No, not able at all

4. In the past 7 days …
   Were you able to carry things, such as bags or baskets?
   - 0 Yes, with no difficulty at all
   - 1 Yes, with a little difficulty
   - 2 Yes, with some difficulty
   - 3 Yes, with much difficulty
   - 4 No, not able at all

5. In the past 7 days …
   Were you able to do light indoor household chores, such as preparing food, cleaning surfaces, or tidying up?
   - 0 Yes, with no difficulty at all
   - 1 Yes, with a little difficulty
   - 2 Yes, with some difficulty
   - 3 Yes, with much difficulty
   - 4 No, not able at all
6. In the past 7 days …

Were you able to wash or dress yourself?
☐ 0 Yes, with no difficulty at all
☐ 1 Yes, with a little difficulty
☐ 2 Yes, with some difficulty
☐ 3 Yes, with much difficulty
☐ 4 No, not able at all

7. In the past 7 days …

How much did you need help from others?
☐ 0 Not at all
☐ 1 A little bit
☐ 2 Some
☐ 3 Quite a bit
☐ 4 Very much

8. In the past 7 days …

Were you able to think clearly?
☐ 0 Yes, with no difficulty at all
☐ 1 Yes, with a little difficulty
☐ 2 Yes, with some difficulty
☐ 3 Yes, with much difficulty
☐ 4 No, not able at all

9. In the past 7 days …

How sad did you feel?
☐ 0 Not at all
☐ 1 A little bit
☐ 2 Somewhat
☐ 3 Very
☐ 4 Extremely

10. In the past 7 days …

How worried did you feel?
☐ 0 Not at all
☐ 1 A little bit
☐ 2 Somewhat
☐ 3 Very
☐ 4 Extremely

11. In the past 7 days …

How frustrated did you feel?
☐ 0 Not at all
☐ 1 A little bit
☐ 2 Somewhat
☐ 3 Very
☐ 4 Extremely

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