



MAKING THE MOST OF *remote appointments*

Most specialist centres and other medical providers have temporarily moved away from face-to-face appointments due to the ongoing coronavirus pandemic.

You may find conversations with your PH team now happen via the telephone, or online via a video calling platform such as Zoom.

It's important to prepare for these remote consultations in order to get the

most from them, so please take some time to read and work through this form ahead of your appointment.

The EmPHasis-10 questionnaire on the back is best completed as close to your appointment as possible, so that it reflects how you are feeling at that time.

Remember, it's your appointment, and we hope you find this preparation form helpful in taking control of it.

MY APPOINTMENT DETAILS

Date: _____ **Time:** _____ **Format:** _____

My weight: _____ **Any new symptoms:** _____

Notes: _____

**NEED ANOTHER
FORM FOR YOUR
NEXT APPOINTMENT?**

Call the PHA UK office
on **01709 761450** or email
office@phauk.org

You can also download
and print your own at
www.phauk.org

Name:

Date of birth:

This questionnaire is designed to determine how pulmonary hypertension (PH) affects your life. Please answer every question by placing a tick over the ONE NUMBER that best describes your recent experience of living with PH.

For each item below, place a tick (✓) in the box that best describes your experience.

I am not frustrated by my breathlessness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I am very frustrated by my breathlessness
Being breathless never interrupts my conversations	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	Being breathless always interrupts my conversations
I do not need to rest during the day	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I always need to rest during the day
I do not feel exhausted	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I always feel exhausted
I have lots of energy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I have no energy at all
When I walk up one flight of stairs I am not breathless	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	When I walk up one flight of stairs I am very breathless
I am confident out in public places/crowds despite my PH	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I am not confident at all in public places/crowds because of my PH
PH does not control my life	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	PH completely controls my life
I am independent	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I am completely dependent
I never feel like a burden	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	I always feel like a burden

Total:

Date: