



# 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: