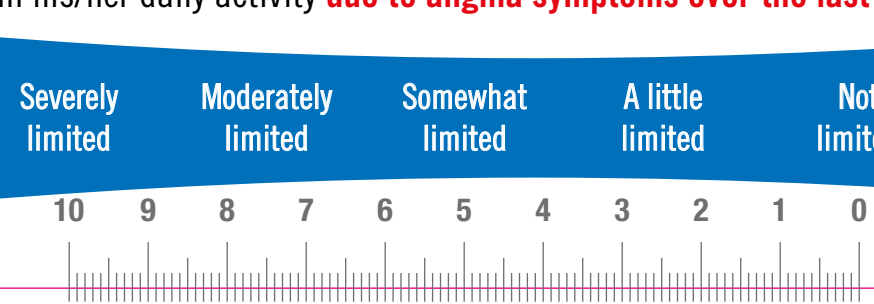
1. Adapted from Spertus G et al. Development and evaluation of the Seattle Angina Questionnaire: a new functional status measure for coronary artery disease. *J Am Coll cardiol*, 1995;25(2):333-341.

Doctor's side

Your patient has experienced the following level of **limitation** in his/her daily activity **due to angina symptoms over the last 4 weeks**[1]



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ANGINA AWARENESS INITIATIVE

ESC Working Group Cardiovascular Pharmacotherapy

How severely have your **angina symptoms** (chest tightness, pain, discomfort, or breathlessness) **limited your usual daily activity over the last 4 weeks?**

Not limited

Severely limited

Patient's side