

SELF-CARE OF HEART FAILURE INDEX

All answers are confidential.

Think about how you have been feeling in the last month as you complete this survey.

SECTION A:

Listed below are behaviors that people with heart failure use to help themselves. How often or routinely do you do the following?

	Never		Sometimes		Always
1. Try to avoid getting sick (e.g., wash your hands)?	1	2	3	4	5
2. Get some exercise (e.g., take a brisk walk, use the stairs)?	1	2	3	4	5
3. Eat a low salt diet?	1	2	3	4	5
4. See your health care provider for routine health care?	1	2	3	4	5
5. Take prescribed medicines without missing a dose?	1	2	3	4	5
6. Order low salt items when eating out?	1	2	3	4	5
7. Make sure to get a flu shot annually?	1	2	3	4	5
8. Ask for low salt foods when visiting family and friends?	1	2	3	4	5
9. Use a system or method to help you remember to take your medicines?	1	2	3	4	5
10. Ask your healthcare provider about your medicines?	1	2	3	4	5

SECTION B:

Listed below are changes that people with heart failure commonly monitor. How often do you do the following?

	Never		Sometimes		Always
11. Monitor your weight daily?	1	2	3	4	5
12. Pay attention to changes in how you feel?	1	2	3	4	5
13. Look for medication side-effects?	1	2	3	4	5
14. Notice whether you tire more than usual	1	2	3	4	5

doing normal activities?					
15. Ask your healthcare provider how you're doing?	1	2	3	4	5
16. Monitor closely for symptoms?	1	2	3	4	5
17. Check your ankles for swelling?	1	2	3	4	5
18. Check for shortness of breath with activity such as bathing and dressing?	1	2	3	4	5
19. Keep a record of symptoms?	1	2	3	4	5

The last time you had symptoms...

(circle **one** number)

	Have not had symptoms	I did not recognize the symptom	Not Quickly		Somewhat Quickly		Very Quickly
20. How quickly did you <u>recognize</u> that you had symptoms?	N/A	0	1	2	3	4	5
21. How quickly did you <u>know</u> that the symptom was due to heart failure?	N/A	0	1	2	3	4	5

SECTION C:

Listed below are behaviors that people with heart failure use to control their symptoms. **When you have symptoms, how likely are you to use one of these?**

(circle **one** number for each treatment)

	Not Likely		Somewhat Likely		Very Likely
22. Further limit the salt you eat that day?	1	2	3	4	5
23. Reduce your fluid intake?	1	2	3	4	5
24. Take a medicine?	1	2	3	4	5
25. Call your healthcare provider for guidance?	1	2	3	4	5
26. Ask a family member or friend for advice?	1	2	3	4	5
27. Try to figure out why you have symptoms?	1	2	3	4	5
28. Limit your activity until you feel better?	1	2	3	4	5

Think of a treatment you used the last time you had symptoms... (circle **one** number)

	I did not do anything	Not Sure		Somewhat Sure		Very Sure
29. Did the treatment you used make you feel better?	0	1	2	3	4	5

SECTION D:

In general, how confident are you that you can:

(Circle **one** number for each statement)

	Not Confident		Somewhat Confident		Extremely Confident
30. Keep yourself <u>stable and free of symptoms</u> ?	1	2	3	4	5
31. <u>Follow the treatment plan</u> you have been given?	1	2	3	4	5
32. <u>Persist</u> in following the treatment plan even when difficult?	1	2	3	4	5
33. <u>Monitor your condition</u> routinely?	1	2	3	4	5
34. <u>Persist</u> in routinely monitoring your condition even when difficult?	1	2	3	4	5
35. <u>Recognize changes</u> in your health if they occur?	1	2	3	4	5
36. <u>Evaluate the importance</u> of your symptoms?	1	2	3	4	5
37. <u>Do something</u> to relieve your symptoms?	1	2	3	4	5
38. <u>Persist</u> in finding a remedy for your symptoms even when difficult?	1	2	3	4	5
39. <u>Evaluate</u> how well a remedy works?	1	2	3	4	5

THANK YOU FOR COMPLETING THIS SURVEY!