CHF Knowledge Assessment Survey - Pg 1 Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC) **Patient Initials:** Study #: Patient # 1. Do you have congestive heart failure diagnosed by a health professional? ☐ Yes ☐ No 2. Have you ever been to teaching classes on congestive heart failure? □ No ☐ Don't know 3. Have you ever been to a specialized Heart Failure Clinic? ☐ Yes □ No ☐ Don't know Now, I am going to read you some statements regarding how you might feel about your heart failure. For each one, I want you to tell me whether you disagree or agree. 4. I know what I need to do to keep my heart failure under control. [Do you:] ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 5. I know how to monitor my heart failure and detect any problems early before they get really bad. [Do you]: ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 6. Sometimes I get more short of breath or tired and I don't know why. [Do you:] ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 7. If my heart failure gets worse, I know what I need to do to make myself better. [Do you:] ☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree 8. If my heart failure gets worse, I feel scared and want to call my doctor or nurse right away. [Do you:] ☐ Disagree ☐ Strongly disagree ☐ Agree ☐ Strongly agree Next, I'm going to read a question and some possible answers. Tell me which answer you think is correct. If you don't know the answer, don't worry, you can just say, "I don't know." 9. What is the best definition of congestive heart failure? Would you say [Provide options:] Heart failure means that your heart is beating irregularly Heart failure means that your heart might stop beating sometime soon Heart failure means that your heart is not pumping as well as it should

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Heart failure means the same as a heart attack or myocardial infarction

5)

Don't know

Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC) Study #: Patient # Patient Initials: | Patient Initials: | F M L

10. What a	re the symptoms of heart failure? [Do not prompt. Mark all that apply:]								
	Dyspnea (shortness of breath)								
	☐ Edema (swelling, weight gain)								
	Fatigue (tired, weak)								
	Chest pain								
	Other, specify								
	☐ Don't know								
11. I'm goir failure i	ng to read you a list of conditions, and I want you to tell me if each one is a sign your hear s getting worse. If you don't know the answer, you can just say "I don't know."								
•	Is shortness of breath a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								
,	Is swelling of the legs or ankles a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								
,	Are headaches a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								
,	Is waking up at night short of breath a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								
5)	Is pain in your joints a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								
,	Is feeling more tired than usual a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								
7)	Is weight gain a sign your heart failure is getting worse? ☐ Yes ☐ No ☐ Don't know								

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Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC) Study #: **Patient Initials:** Patient # 12. Your doctor gives you medications to treat your heart failure, but there are also many things you can do on your own. What are the most important things you can do to prevent your heart failure from getting worse? [Mark all that apply. Do not read out list. PROMPT (once): Is there anything else? Restrict salt intake (cut back on salt) Restrict fluid intake (cut back on fluids) Daily weights (check my weight) Medication compliance (take my medications as prescribed / told) Daily exercise (keep in shape, keep fit, regular exercise) Daily rest (regular naps, take it easy) Abstain from smoking (stop smoking) Abstain form alcohol (stop / cut back on drinking) Other, specify Don't know 13. Which of the following foods contain a lot of salt? [If patient asks if we mean low-salt or regular version of food, say "regular version." If patient asks about portion size say "normal portion."] 1) Hot dogs ☐ Yes \square No ☐ Don't know ☐ Yes 2) Canned vegetables ☐ No ☐ Don't know ☐ Yes ☐ No ☐ Don't know 3) Coffee 4) Pickles ☐ Yes □ No ☐ Don't know 5) Vinegar ☐ Yes \square No ☐ Don't know 6) Kraft Dinner ☐ Yes □ No ☐ Don't know ☐ Yes ☐ No 7) Cheddar cheese ☐ Don't know 8) Bananas ☐ Yes \square No ☐ Don't know ☐ No 9) Instant noodles Yes ☐ Don't know 10) Tomato juice ☐ Yes □ No ☐ Don't know ☐ Yes □ No 11) Canned fruit ☐ Don't know 12) Canned soup ☐ Yes ☐ No □ Don't know

CHF Knowledge Assessment Survey - Pg 4 Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC) **Patient Initials:** Study #: Patient # 14. How would you rate the importance of salt restriction in the treatment of heart failure. [Provide scale:1 Not important at all Less important than Just as important as More important than taking medications taking medications taking medications 2 3 0 1 15. Compared to someone without heart failure, a person with heart failure should eat [Provide options:] 1) More salt than usual 2) About the same amount of salt 3) Less salt than usual 4) Don't know 16. During the last 6 months have you taken specific steps to eat foods that are low in salt? ☐ Yes ☐ No. If No, skip to Question 19 17. Is it difficult to follow a low salt diet? ☐ Yes ☐ No (R) If No, skip to Question 19 18. Why is it difficult to follow a restricted salt diet? [Mark all that apply. Do not provide options] ☐ It takes too much time It doesn't taste good ☐ I can't eat out because of the restriction ☐ It is hard to find (availability) ☐ Foods are too expensive It is hard to understand ☐ Other reason, specify _ 19. How much should you be restricting salt in your diet diet? [Do not provide options] Less than 2 grams per day Less than 4 grams per day ☐ Don't sprinkle any extra on

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Other amount, specify _____

Don't know

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Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC)

Study #:						Patie	nt Initials:					
,	Si	te	<u> </u>	Patient #	<u> </u> #			F	М	L		
20. How would you rate the importance of fluid restriction in the treatment of heart failure. [Provide scale:]												
Not important at all			Less important than taking medications			Just as impo taking medic		More important than taking medications				
0			1			2		3				
21. Compared to someone without heart failure, a person with heart failure should drink [Provide options:]												
] 1)	1) More fluids than usual										
	2) About the same amount of fluids											
	☐ 3) Less fluids than usual											
	3 4)	4) Don't know										
22. During the last 6 months have you taken specific steps to limit your intake of fluids?												
_	☐ Yes			_	-	ip to Question 25						
23. Is it difficult to limit your fluid intake?												
_	uit to iir ∃ Yes				If No. ok	ip to Question 25						
24. Why is it	24. Why is it difficult to limit your fluid intake? [Mark all that apply. Do not provide options]											
	☐ It ta	It takes too much time										
[_ I do	I don't know what foods are considered fluids										
] I alv	ways fe	el thirsty	/								
	☐ My mouth is always dry											
	☐ It is hard to understand											
	Oth	er reas	on, spe	cify								
25. How ma options]		of fluid	l should	you ha	ive in or	e day if you have	heart failure	? [Do r	not provi	de		
	Les	Less than 4 cups										
	□ 4-] 4-8 cups										
	☐ Mo	More than 8 cups										
	Other amount, specify											
	☐ Don't know											

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Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC) **Patient Initials:** Study #: Patient # 26. How would you rate the importance of weighing yourself regularly in the treatment of heart failure. [Provide scale:] Not important at all Less important than Just as important as More important than taking medications taking medications taking medications 0 3 27. Someone with heart failure should weigh himself or herself [Provide options:] 1) Every day \Box 2) Several times a week 3) Once a week 4) Once a month 5) Only if he or she feels badly 6) Don't know 28. If your weight goes up by 4 pounds or more over two days, what should you do? [Do not provide options:] ☐ Cut back on salt ☐ Take an extra water pill or diuretic ☐ Call your heart failure doctor within 24 hours Call your heart failure nurse within 24 hours ☐ Go to the emergency room ☐ Wait until your next visit to tell your doctor or nurse Other, specify Don't know 29. Do you have a scale at home that works correctly? ☐ Yes □ No R If No, skip to Question 31 30. How often do you weigh yourself? [Provide options:] 1) Every day 2) Several times a week 3) Once every week or two 4) Once a month

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5) Never

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CHF Knowledge Assessment Survey - Pg 7 Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC) **Patient Initials:** Study #: Patient # 31. Prior to this hospitalization, were you taking medications for heart failure? ☐ Yes ☐ No ☐ Don't know ® If No or Don't know, skip to Question 34 32. Without my heart failure drugs, I would be very ill. [Provide options:] ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree 33. My health in the future will depend on my heart failure drugs. [Provide options]: ☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree 34. My drugs are a mystery to me. [Provide options:] ☐ Agree ☐ Disagree ☐ Strongly agree ☐ Strongly disagree For these next few questions, I am going to read you a statement about something having to do with heart failure. For each question, I want you to tell me whether the statement is true or false. If you don't know the answer, you can just say "I don't know." 35. It is safe for someone with heart failure to do light exercise like walking. ☐ True ☐ False ☐ Don't know 36. Rest is good for your heart. ☐ False ☐ Don't know ☐ True 37. Drinking alcohol can weaken the heart's pumping ability. ☐ True ☐ False ☐ Don't know 38. Smoking can weaken the heart's pumping ability. ☐ True ☐ False ☐ Don't know Name of person completing form _

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Date completed: