



<b>Patient Knowledge of Self-care Activities in Congestive Heart Failure (PaKSAC)</b>
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**Study #:**

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Site

Patient #

**Patient Initials:**

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10. What are 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 going to read you a list of conditions, and I want you to tell me if each one is a sign your heart failure is getting worse. If you don't know the answer, you can just say "I don't know."

- 1) Is shortness of breath a sign your heart failure is getting worse?  
 Yes    No    Don't know
- 2) Is swelling of the legs or ankles a sign your heart failure is getting worse?  
 Yes    No    Don't know
- 3) Are headaches a sign your heart failure is getting worse?  
 Yes    No    Don't know
- 4) 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
- 6) 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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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 from 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          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 2) Canned vegetables | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 3) Coffee            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 4) Pickles           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 5) Vinegar           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 6) Kraft Dinner      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 7) Cheddar cheese    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 8) Bananas           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 9) Instant noodles   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 10) Tomato juice     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 11) Canned fruit     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 12) Canned soup      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

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14. How would you rate the importance of salt restriction in the treatment of heart failure. [Provide scale:]

Not important at all	Less important than taking medications	Just as important as taking medications	More important than taking medications
0	1	2	3

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    ®    *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
- Other amount, specify \_\_\_\_\_
- Don't know

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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 important as taking medications	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) More fluids than usual
- 2) About the same amount of fluids
- 3) Less fluids than usual
- 4) Don't know

22. During the last 6 months have you taken specific steps to limit your intake of fluids?

- Yes  No    ®    *If No, skip to Question 25*

23. Is it difficult to limit your fluid intake?

- Yes  No    ®    *If No, skip to Question 25*

24. Why is it difficult to limit your fluid intake? [Mark all that apply. Do not provide options]

- It takes too much time
- I don't know what foods are considered fluids
- I always feel thirsty
- My mouth is always dry
- It is hard to understand
- Other reason, specify \_\_\_\_\_

25. How many cups of fluid should you have in one day if you have heart failure? [Do not provide options]

- Less than 4 cups
- 4 – 8 cups
- More than 8 cups
- Other amount, specify \_\_\_\_\_
- Don't know

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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  
taking medicationsJust as important as  
taking medicationsMore important than  
taking medications

0

1

2

3

27. Someone with heart failure should weigh himself or herself [Provide options:]

- 1) Every day
- 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   ®   *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
- 5) Never

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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:]

- Strongly agree    Agree    Disagree    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.

- True    False    Don't know

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 \_\_\_\_\_

Date completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                          dd           mm           yyyy

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