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The following questions refer to your **heart failure** and how it may affect your life. Please read and complete the following questions. There are no right or wrong answers. Please mark the answer that best applies to you.

1. **Heart failure** affects different people in different ways. Some feel shortness of breath while others feel fatigue. Please indicate how much you are limited by **heart failure** (shortness of breath or fatigue) in your ability to do the following activities over the past 2 weeks.

Please place an ☒ in one box on each line

Limited for  
other reasons  
or did not do  
the activity

Activity	Extremely Limited	Quite a bit Limited	Moderately Limited	Slightly Limited	Not at all Limited	Limited for other reasons or did not do the activity
KCCQ01a Dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
KCCQ01b Showering/Bathing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
KCCQ01c Walking 1 block on level ground	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
KCCQ01d Doing yardwork, housework or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
KCCQ01e Climbing a flight of stairs without stopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
KCCQ01f Hurrying or jogging (as if to catch a bus)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

KCCQ02 2. Compared with 2 weeks ago, have your symptoms of **heart failure** (shortness of breath, fatigue, or ankle swelling) changed?

My symptoms of **heart failure** have become...

Much worse

☐ 1

Slightly worse

☐ 2

Not changed

☐ 3

Slightly better

☐ 4

Much better

☐ 5

I've had no symptoms over the last 2 weeks

☐ 6

**KCCQ03** 3. Over the past 2 weeks, how many times did you have **swelling** in your feet, ankles or legs when you woke up in the morning?

Every morning	3 or more times per week, but not every day	1-2 times a week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**KCCQ04** 4. Over the past 2 weeks, how much has **swelling** in your feet, ankles or legs bothered you?

It has been...

<b>Extremely bothersome</b>	<b>Quite a bit bothersome</b>	<b>Moderately bothersome</b>	<b>Slightly bothersome</b>	<b>Not at all bothersome</b>	<b>I've had no swelling</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**KCCQ05** 5. Over the past 2 weeks, on average, how many times has **fatigue** limited your ability to do what you want?

All of the time	Several times per day	At least once a day	3 or more times per week but not every day	1-2 times per week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**KCCQ06** 6. Over the past 2 weeks, how much has your **fatigue** bothered you?

It has been...

<b>Extremely bothersome</b>	<b>Quite a bit bothersome</b>	<b>Moderately bothersome</b>	<b>Slightly bothersome</b>	<b>Not at all bothersome</b>	<b>I've had no fatigue</b>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**KCCQ07** 7. Over the past 2 weeks, on average, how many times has **shortness of breath** limited your ability to do what you wanted?

All of the time	Several times per day	At least once a day	3 or more times per week but not every day	1-2 times per week	Less than once a week	Never over the past 2 weeks
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**KCCQ08** 8. Over the past 2 weeks, how much has your **shortness of breath** bothered you?

It has been...

**Extremely  
bothersome**

☐ 1

**Quite a bit  
bothersome**

☐ 2

**Moderately  
bothersome**

☐ 3

**Slightly  
bothersome**

☐ 4

**Not at all  
bothersome**

☐ 5

**I've had no  
shortness of breath**

☐ 6

**KCCQ09** 9. Over the past 2 weeks, on average, how many times have you been forced to sleep sitting up in a chair or with at least 3 pillows to prop you up because of **shortness of breath**?

Every night

☐ 1

3 or more times a week,  
but not every day

☐ 2

1-2 times a  
week

☐ 3

Less than once  
a week

☐ 4

Never over the  
past 2 weeks

☐ 5

**KCCQ10** 10. **Heart failure** symptoms can worsen for a number of reasons. How sure are you that you know what to do, or whom to call, if your **heart failure** gets worse?

**Not at all sure**

☐ 1

**Not very sure**

☐ 2

**Somewhat sure**

☐ 3

**Mostly sure**

☐ 4

**Completely sure**

☐ 5

**KCCQ11** 11. How well do you understand what things you are able to do to keep your **heart failure** symptoms from getting worse? (for example, weighing yourself, eating a low salt diet etc.)

Do not understand  
at all

☐ 1

Do not understand  
very well

☐ 2

Somewhat  
understand

☐ 3

Mostly  
understand

☐ 4

Completely  
understand

☐ 5

**KCCQ12** 12. Over the past 2 weeks, how much has your **heart failure** limited your enjoyment of life?

It has **extremely**  
limited my  
enjoyment of life

☐ 1

It has limited my  
enjoyment of life  
**quite a bit**

☐ 2

It has **moderately**  
limited my  
enjoyment of life

☐ 3

It has **slightly**  
limited my  
enjoyment of life

☐ 4

It has **not limited**  
my enjoyment of  
life at all

☐ 5

**KCCQ13** 13. If you had to spend the rest of your life with your **heart failure** the way it is right now, how would you feel about this?

**Not at all  
satisfied**

☐ 1

**Mostly  
dissatisfied**

☐ 2

**Somewhat  
satisfied**

☐ 3

**Mostly  
satisfied**

☐ 4

**Completely  
satisfied**

☐ 5

KCCQ14

14. Over the past 2 weeks, how often have you felt discouraged or down in the dumps because of your **heart failure**?

I felt that way  
all of the time

☐ 1

I felt that way  
most of the time

☐ 2

I **occasionally**  
felt that way

☐ 3

I **rarely** felt  
that way

☐ 4

I **never** felt  
that way

☐ 5

15. How much does your **heart failure** affect your lifestyle? Please indicate how your **heart failure** may have limited your participation in the following activities over the past 2 weeks.

Please place an ☒ in one box on each line

**Activity**

**Severely  
limited**

**Limited  
quite a bit**

**Moderately  
limited**

**Slightly  
limited**

**Did not  
limit at all**

**Does not  
apply or did  
not do for  
other reasons**

KCCQ15a

Hobbies,  
recreational  
activities

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

KCCQ15b

Working or  
doing household  
chores

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

KCCQ15c

Visiting family  
or friends out of  
your home

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

KCCQ15d

Intimate  
relationships  
with loved ones

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

	Over the last <u>two weeks</u> , how often have you been bothered by any of the following problems?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
<b>PHQ01</b>	Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ02</b>	Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ03</b>	Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ04</b>	Feeling tired or having little energy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ05</b>	Poor appetite or overeating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ06</b>	Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ07</b>	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ08</b>	Moving or speaking so slowly so that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>PHQ09</b>	Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Total score: <b>PHQScore = sum(PHQ01:PHQ09)</b>					
<b>PHQ10</b>	If you checked off any of the problems on the questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not at all Difficult <input type="checkbox"/> 0	Somewhat Difficult <input type="checkbox"/> 1	Very Difficult <input type="checkbox"/> 2	Extremely Difficult <input type="checkbox"/> 3

	Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
<b>GAD01</b>	Feeling nervous, anxious or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>GAD02</b>	Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>GAD03</b>	Worrying too much about different things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>GAD04</b>	Trouble relaxing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>GAD05</b>	Being so restless that it is hard to sit still	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>GAD06</b>	Becoming easily annoyed or irritable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<b>GAD07</b>	Feeling afraid as if something awful might happen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**GADLEVEL**      Total Score \_\_\_\_\_ = Add Columns \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?			
Not at all difficult	Somewhat difficult	Very Difficult	Extremely Difficult
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Over the past two weeks, how much have the following symptoms bothered you?

		Extremely bothersome	Quite a bit bothersome	Moderately bothersome	Slightly bothersome	Not at all bothersome	I have not had this symptom
SS01	Chest pain or pressure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS02	Other pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS03	Dry mouth	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS04	Numbness or tingling in hands and feet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS05	Constipation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS06	Nausea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS07	Cough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SS08	Dizziness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**We would now like to ask you some general questions:**

**SS09**

**How would you rate your overall quality of life?**

☐

**1**

☐

**2**

☐

**3**

☐

**4**

☐

**5**

Very poor

Poor

Fair

Good

Excellent

**SS10**

**Please respond to the following statement: “I feel at peace.”**

☐

**1**

☐

**2**

☐

**3**

☐

**4**

☐

**5**

Not at all

A little bit

A moderate  
amount

Quite a bit

Completely