



# Exam 6

## KC Cardiomyopathy Questionnaire

Participant ID #:

Acrostic:

Technician ID:

Date:   /   /      
Month Day Year

Some people have heart failure, others have symptoms such as shortness of breath or fatigue, and don't know if they have heart failure, or may have other reasons for these symptoms. In the following questions, where we ask about heart failure, you may substitute in your mind "shortness of breath or fatigue", and if you do not have such symptoms, consider your general health status when answering the questions below.

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.

| 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 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Showering/Bathing                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                |
| Walking 1 block on level ground            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                |
| Hurrying or jogging (as if to catch a bus) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                |

2. 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 a week, but not every day | 1-2 times a week      | Less than once a week | Never over the past 2 weeks |
| <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       |

3. 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       |

4. Over the past 2 weeks, on average, how many times has **shortness of breath** 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="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       |



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5. Over the past 2 weeks, 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           | 3 or more times a week, but not every day | 1-2 times a week      | Less than once a week | Never over the past 2 weeks |
| <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       |

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

- |  |  |   |   |   |
|--|--|---|---|---|
| It has <b>extremely</b> limited my enjoyment of life | It has limited my enjoyment of life <b>quite a bit</b> | It has <b>moderately</b> limited my enjoyment of life | It has <b>slightly</b> limited my enjoyment of life | It has <b>not limited</b> my enjoyment of life at all |
| <input type="radio"/>                                | <input type="radio"/>                                  | <input type="radio"/>                                 | <input type="radio"/>                               | <input type="radio"/>                                 |

7. 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  | Mostly dissatisfied   | Somewhat satisfied    | Mostly satisfied      | Completely satisfied  |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. 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 over the past 2 weeks.

| 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 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Hobbies, recreational activities            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                          |
| Working or doing household chores           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                          |
| Visiting family or friends out of your home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                          |