

## Congestive Heart Failure Outreach Program of Education (COPE)

Study ID#:

 

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Patient Initials:

  

Site Number

Patient Number

F

M

L

 Visit:  Baseline  6-month follow-up

*I am going to ask you some questions about your health. There are no right or wrong answers to these questions; this is not a test. What we want is your honest opinion. If you don't know the answer, don't worry, you can just say "I Don't know". All information you provide will be kept confidential.*

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?  
 Yes  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:]  
 Strongly disagree  Disagree  Agree  Strongly agree

**Fax completed forms to the EPICORE Centre (780) 492-6059 or 1-888-215-5474**

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9. 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 medicationsJust as important as  
taking medicationsMore important than  
taking medications

0

1

2

3

10. 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

11. 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 medicationsJust as important as  
taking medicationsMore important than  
taking medications

0

1

2

3

*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."*

12. What is the best definition of congestive heart failure? Would you say [Provide options:]

- 1) Heart failure means that your heart is beating irregularly
- 2) Heart failure means that your heart might stop beating sometime soon
- 3) Heart failure means that your heart is not pumping as well as it should
- 4) Heart failure means the same as a heart attack or myocardial infarction
- 5) Don't know

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13. 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
- Dizziness
- Other, specify \_\_\_\_\_
- Don't know

14. 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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 15. Is heart failure a new diagnosis?  Yes  No  Not Applicable (6-month follow-up)

[If Yes, skip to Question 16.]

**Note:** for the 6 month follow up, the '*Not Applicable*' box must be checked AND the following question must be asked.

At home, what changes have you made to stay healthy and to keep 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

16. 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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17. Compared to someone healthy, 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

18. 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 21*

19. Is it difficult to follow a low salt diet?

- Yes    No   →   *If No, skip to Question 21*

20. 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 \_\_\_\_\_

21. How much should you be restricting salt in your diet? Mark all that apply. [Do not provide options]

- Less than 2 grams per day
- Don't sprinkle any extra on [or no extra salt]
- Do not use in cooking
- Avoid foods high in salt or sodium
- Other amount, specify \_\_\_\_\_
- Don't know

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22. Compared to someone healthy, a person with heart failure should have [Provide options:]

- 1) More fluids than usual
- 2) About the same amount of fluids
- 3) Less fluids than usual
- 4) Don't know

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

- Yes    No   →   *If No, skip to Question 26*

24. Is it difficult to limit your fluid intake?

- Yes    No   →   *If No, skip to Question 26*

25. 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 \_\_\_\_\_

26. 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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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? [Mark all that apply. Do not provide options:]

- Cut back on salt
- Take an extra water pill or diuretic
- Call your doctor or 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) Other, specify \_\_\_\_\_

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31. **Baseline** Prior to this hospitalization/clinic visit, were you taking medications for heart failure?

Yes  No  Don't know → *If No or Don't know, skip to Question 35*

**6-Month Visit** Are you taking medications for heart failure?

Yes  No  Don't know → *If No or Don't know, skip to Question 35*

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

Form completed by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(please print name) dd mm yyyy

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