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

Study #:  
Site:  | Patient #:  |  
Patient Initials:  | F | M | L |

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

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.”

   - 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
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
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 ☐ No ☐ Don’t know
2) Canned vegetables ☐ Yes ☐ No ☐ Don’t know
3) Coffee ☐ Yes ☐ No ☐ Don’t know
4) Pickles ☐ Yes ☐ No ☐ Don’t know
5) Vinegar ☐ Yes ☐ No ☐ Don’t know
6) Kraft Dinner ☐ Yes ☐ No ☐ Don’t know
7) Cheddar cheese ☐ Yes ☐ No ☐ Don’t know
8) Bananas ☐ Yes ☐ No ☐ Don’t know
9) Instant noodles ☐ Yes ☐ No ☐ Don’t know
10) Tomato juice ☐ Yes ☐ No ☐ Don’t know
11) Canned fruit ☐ Yes ☐ No ☐ Don’t know
12) Canned soup ☐ Yes ☐ No ☐ Don’t know
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

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

<table>
<thead>
<tr>
<th>Not important at all</th>
<th>Less important than taking medications</th>
<th>Just as important as taking medications</th>
<th>More important than taking medications</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

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:]

<table>
<thead>
<tr>
<th>Not important at all</th>
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<th>Just as important as taking medications</th>
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</table>

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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#### Questions

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: _______ / ______ / ______

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