

The Kansas City Cardiomyopathy Questionnaire

Did the patient complete a KCCQ form? YES NO

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How was the test administered?:*

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.

Dressing yourself:*

Showering/Bathing:*

Walking 1 block on level ground*

Doing yardwork, housework or carrying groceries:*

Climbing a flight of stairs without stopping:*

Hurrying or jogging (as if to catch a bus):*

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...:*

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? :*

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

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

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

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

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

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? :*

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? :*

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.) :*

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

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? :*

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

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?

Hobbies, recreational activities:*

Working or doing household chores:*

Visiting family or friends out of your home:*

Intimate relationships with loved ones:*

Reason why
the KCCQ
was not
completed:*

Reason:*

Other
Reason:*