

Heart Failure Follow-Up Questionnaire

Patient Name _____ **Date** _____

For questions 1 and 2, choose the one best response.

1. During the past week, how much has your health interfered with your normal level of work or social activities?

None **Slightly** **Moderately** **Quite a bit** **Extremely**

2. Compared to your last visit, how would you rate your health problems now?

Much better **Somewhat better** **About the same** **Somewhat worse** **Much worse**

3. Check the activities from the list below that you do several days a week:

- Getting out of bed
- Walking to the bathroom
- Bending and/or stooping
- Carrying groceries
- Light housekeeping (dust, straighten, vacuum, sweep 10 minutes or less)
- Walking a block
- Heavy housework (move furniture, more than 30 minutes sweep, vacuum, mop)
- Walk several blocks
- Climb a flight of stairs
- Vigorous exercise (walk more than a mile, running, cycling, climbing several flights of stairs)

4. Estimate (a rough guess) how many minutes of at least moderate exercise you have done in the past 7 days. Moderate exercise can be walking, bicycling, swimming, or heavy housework (vacuuming and cleaning). For example, 30 minutes for 3 days a week would be 90 minutes total for the week.

Total for the week: _____ minutes

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Review of Symptoms

Have you been bothered by any of the following problems in the past few months? Please describe any problems briefly, with approximate dates. If you need more room, write on the back of the sheet. Leave the line empty if the problem has not occurred.

Problem	Description, Date(s)
Lack of energy	_____
Daytime sleepiness	_____
Dizziness	_____
Passing out	_____
Chest pain or discomfort	_____
Shortness of breath	_____
Cough	_____
Leg swelling	_____
Palpitations or skipped beats	_____
Sweating at night	_____
Trouble sleeping	_____
Depression or sadness	_____
Frequent or nighttime urination	_____
Confusion	_____
Sudden weight loss or gain	_____
Loss of appetite	_____
Joint pains or arthritis	_____
Problems having sex	_____
Trouble with the heat	_____
Prop up on pillows to sleep	_____