



# Heart Failure Patient Questionnaire

Please take the time to answer the following questions before you see your doctor

Appointment Date: \_\_\_\_\_

Since your last doctors appointment on _____	Yes	No	How many times?	Reason	
♥ Did you see a Specialist					
♥ If yes: which specialist					
♥ Have you been admitted to a hospital?					
♥ Have you had to go to a hospital Emergency for treatment?					
What are you doing for activity	Yes	No	How far in street blocks?	For how long?	How many times per week
♥ Walking					
♥ Housework					
♥ Gardening					
♥ Anything else					
♥ Are you participating in a structured exercise program?					
How may pillows do you need to use to sleep?	(circle) none 1 2 3 4 5 6 7				
	Yes	Better	Worse	No	Comments
Has there been a change in your energy level since your last appointment?					
Has there been an change in your shortness of breath since your last doctors appointment?					
Has your chest pain changed since your last visit?					
Do you ever feel your heart racing?					
Do you wake up at night with shortness of breath?					
Do you get lightheaded or dizzy?					
Do you have swelling in your: (circle) feet ankles legs stomach					
Do you take extra water pills for your swelling?					
	Better	Worse	Same	Comments	
Since your last doctors appointment do you feel your condition is?					
What fluid restriction do you follow?	<input type="checkbox"/> 6-8 cups		<input type="checkbox"/> 4-6 cups	<input type="checkbox"/> None	<input type="checkbox"/> Other
Over the last two weeks, how often have you been bothered by any of the following problems?	Yes	No	<p>If your patient answers "yes" to either question, go to the <b>PHQ9</b> questionnaire</p> <p>If your patient answers "yes" to either question, go to the <b>GAD7</b> questionnaire</p>		
♥ Little interest or pleasure in doing things					
♥ Feeling down, depressed or hopeless					
♥ Feeling anxious, nervous or on edge					
♥ Not being able to stop or control worrying					
Questions you would like to ask your nurse or doctor today?					