



SPIROMICS-HF KCCQ-12 CARDIOMYOPATHY QUESTIONNAIRE

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FORM CODE: KCC
VERSION: 1.0 2/13/2020

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: This form should be completed during the participant's SPIROMICS-HF study visit if they have consented into SPIROMICS-HF. For each item below, have the participant select the answer that best describes their experience.

The following questions refer to your **heart failure** and how it may affect your life. Please read and complete the following questions. There are no right or wrong answers. Please choose the answer that best applies to you.

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.

1) Showering/bathing

- Extremely** limited₁
- Quite a bit** limited₂
- Moderately** limited₃
- Slightly** limited₄
- Not at all** limited₅
- Limited for other reasons or did not do the activity₆

2) Walking 1 block on level ground

- Extremely** limited₁
- Quite a bit** limited₂
- Moderately** limited₃
- Slightly** limited₄
- Not at all** limited₅
- Limited for other reasons or did not do the activity₆

3) Hurrying or jogging (as if to catch a bus)

- Extremely** limited₁
- Quite a bit** limited₂
- Moderately** limited₃
- Slightly** limited₄
- Not at all** limited₅
- Limited for other reasons or did not do the activity₆

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- 4) 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?
- Every morning₁
 - 3 or more times per week, but not every day₂
 - 1-2 times per week₃
 - Less than once a week₄
 - Never over the past 2 weeks₅
- 5) Over the past 2 weeks, on average, how many times has **fatigue** limited your ability to do what you want?
- All of the time₁
 - Several times per day₂
 - At least once a day₃
 - 3 or more times per week but not every day₄
 - 1-2 times per week₅
 - Less than once a week₆
 - Never over the past 2 weeks₇
- 6) Over the past 2 weeks, on average, how many times has **shortness of breath** limited your ability to do what you want?
- All of the time₁
 - Several times per day₂
 - At least once a day₃
 - 3 or more times per week but not every day₄
 - 1-2 times per week₅
 - Less than once a week₆
 - Never over the past 2 weeks₇
- 7) 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**?
- Every night₁
 - 3 or more times per week but not every day₂
 - 1-2 times per week₃
 - Less than once a week₄
 - Never over the past 2 weeks₅
- 8) Over the past 2 weeks, how much has your **heart failure** limited your enjoyment of life?
- It has **extremely** limited my enjoyment of life₁
 - It has limited my enjoyment of life **quite a bit**₂
 - It has **moderately** limited my enjoyment of life₃
 - It has **slightly** limited my enjoyment of life₄
 - It has **not limited** my enjoyment of life at all₅

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9) 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?

- Not at all satisfied₁
- Mostly dissatisfied₂
- Somewhat satisfied₃
- Mostly satisfied₄
- Completely satisfied₅

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.

10) Hobbies, recreational activities

- Severely** limited₁
- Limited **quite a bit**₂
- Moderately** limited₃
- Slightly** limited₄
- Did not** limit at all₅
- Does not apply or did not do for other reasons₆

11) Working or doing household chores

- Severely** limited₁
- Limited **quite a bit**₂
- Moderately** limited₃
- Slightly** limited₄
- Did not** limit at all₅
- Does not apply or did not do for other reasons₆

12) Visiting family or friends out of your home

- Severely** limited₁
- Limited **quite a bit**₂
- Moderately** limited₃
- Slightly** limited₄
- Did not** limit at all₅
- Does not apply or did not do for other reasons₆

END OF FORM