



# 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** limited<sub>1</sub>
- Quite a bit** limited<sub>2</sub>
- Moderately** limited<sub>3</sub>
- Slightly** limited<sub>4</sub>
- Not at all** limited<sub>5</sub>
- Limited for other reasons or did not do the activity<sub>6</sub>

2) Walking 1 block on level ground

- Extremely** limited<sub>1</sub>
- Quite a bit** limited<sub>2</sub>
- Moderately** limited<sub>3</sub>
- Slightly** limited<sub>4</sub>
- Not at all** limited<sub>5</sub>
- Limited for other reasons or did not do the activity<sub>6</sub>

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

- Extremely** limited<sub>1</sub>
- Quite a bit** limited<sub>2</sub>
- Moderately** limited<sub>3</sub>
- Slightly** limited<sub>4</sub>
- Not at all** limited<sub>5</sub>
- Limited for other reasons or did not do the activity<sub>6</sub>

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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 morning<sub>1</sub>
  - 3 or more times per week, but not every day<sub>2</sub>
  - 1-2 times per week<sub>3</sub>
  - Less than once a week<sub>4</sub>
  - Never over the past 2 weeks<sub>5</sub>
- 5) Over the past 2 weeks, on average, how many times has **fatigue** limited your ability to do what you want?
- All of the time<sub>1</sub>
  - Several times per day<sub>2</sub>
  - At least once a day<sub>3</sub>
  - 3 or more times per week but not every day<sub>4</sub>
  - 1-2 times per week<sub>5</sub>
  - Less than once a week<sub>6</sub>
  - Never over the past 2 weeks<sub>7</sub>
- 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 time<sub>1</sub>
  - Several times per day<sub>2</sub>
  - At least once a day<sub>3</sub>
  - 3 or more times per week but not every day<sub>4</sub>
  - 1-2 times per week<sub>5</sub>
  - Less than once a week<sub>6</sub>
  - Never over the past 2 weeks<sub>7</sub>
- 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 night<sub>1</sub>
  - 3 or more times per week but not every day<sub>2</sub>
  - 1-2 times per week<sub>3</sub>
  - Less than once a week<sub>4</sub>
  - Never over the past 2 weeks<sub>5</sub>
- 8) Over the past 2 weeks, how much has your **heart failure** limited your enjoyment of life?
- It has **extremely** limited my enjoyment of life<sub>1</sub>
  - It has limited my enjoyment of life **quite a bit**<sub>2</sub>
  - It has **moderately** limited my enjoyment of life<sub>3</sub>
  - It has **slightly** limited my enjoyment of life<sub>4</sub>
  - It has **not limited** my enjoyment of life at all<sub>5</sub>

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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 satisfied<sub>1</sub>
- Mostly dissatisfied<sub>2</sub>
- Somewhat satisfied<sub>3</sub>
- Mostly satisfied<sub>4</sub>
- Completely satisfied<sub>5</sub>

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** limited<sub>1</sub>
- Limited **quite a bit**<sub>2</sub>
- Moderately** limited<sub>3</sub>
- Slightly** limited<sub>4</sub>
- Did not** limit at all<sub>5</sub>
- Does not apply or did not do for other reasons<sub>6</sub>

11) Working or doing household chores

- Severely** limited<sub>1</sub>
- Limited **quite a bit**<sub>2</sub>
- Moderately** limited<sub>3</sub>
- Slightly** limited<sub>4</sub>
- Did not** limit at all<sub>5</sub>
- Does not apply or did not do for other reasons<sub>6</sub>

12) Visiting family or friends out of your home

- Severely** limited<sub>1</sub>
- Limited **quite a bit**<sub>2</sub>
- Moderately** limited<sub>3</sub>
- Slightly** limited<sub>4</sub>
- Did not** limit at all<sub>5</sub>
- Does not apply or did not do for other reasons<sub>6</sub>

**END OF FORM**