**KCCQ-10**

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 mark the answer that best applies to you.

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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Extremely****Limited** | **Quite a bit****limited** | **Moderately****Limited** | **Slightly****limited** | **Not at all****limited** | **Limited for****other reasons****or did not do****the activity** |
| Walking 1 block onlevel ground | O | O | O | O | O | O |
| Climbing a flight of stairs without stopping | O | O | O | O | O | O |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| All ofthe time | Several times per day | At leastonce a day | 3 or more times per week but not every day | 1-2 timesper week | Less thanonce a week | Never over thepast 2 weeks |
| O | O | O | O | O | O | O |

1. Over the past 2 weeks, how much has your **fatigue** bothered you?

It has been…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely** bothersome | **Quite a bit** bothersome | **Moderately** bothersome | **Slightly** bothersome | **Not at all** bothersome | I’ve had**no fatigue** |
| O | O | O | O | O | O |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| All ofthe time | Several times per day | At leastonce a day | 3 or more times per week but not every day | 1-2 timesper week | Less thanonce a week | Never over thepast 2 weeks |
| O | O | O | O | O | O | O |

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

It has been…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extremely** bothersome | **Quite a bit** bothersome | **Moderately** bothersome | **Slightly** bothersome | **Not at all** bothersome | I’ve had **no shortness of breath** |
| O | O | O | O | O | O |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| It has **extremely** limited my enjoyment of life | It has limited my enjoyment of life **quite a bit** | It has **moderately** limited my enjoyment of life | It has **slightly**limited my enjoyment of life | It has **not limited**my enjoymentof life at all |
| O | O | O | O | O |

1. 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 allsatisfied | Mostlydissatisfied | Somewhatsatisfied | Mostlysatisfied | Completelysatisfied |
| O | O | O | O | O |

1. 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Severely**Limited | Limited**quite a bit** | **Moderately** limited | **Slightly** limited | **Did not**limit at all | Does not apply or did not do for other reasons |
| Hobbies, recreational activities | O | O | O | O | O | O |
| Visiting family or friends out of your home | O | O | O | O | O | O |