

## 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 on level ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing a flight of stairs without stopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

All of the time	Several times per day	At least once a day	3 or more times per week but not every day	1-2 times per week	Less than once a week	Never over the past 2 weeks
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

It has been...						
<b>Extremely bothersome</b>	<b>Quite a bit bothersome</b>	<b>Moderately bothersome</b>	<b>Slightly bothersome</b>	<b>Not at all bothersome</b>	<b>I've had no fatigue</b>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

All of the time	Several times per day	At least once a day	3 or more times per week but not every day	1-2 times per week	Less than once a week	Never over the past 2 weeks
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

It has been...						
<b>Extremely bothersome</b>	<b>Quite a bit bothersome</b>	<b>Moderately bothersome</b>	<b>Slightly bothersome</b>	<b>Not at all bothersome</b>	<b>I've had no shortness of breath</b>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

6. Over the past 2 weeks, how much has your **heart failure** limited your enjoyment of life?
- |  |  |   |   |   |                       |
|--|--|---|---|---|-----------------------|
| <input type="radio"/>                                      | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>                                     | <input type="radio"/>                                       | <input type="radio"/> |
| It has <b>extremely</b><br>limited my enjoyment<br>of life | It has limited my<br>enjoyment of life<br><b>quite a bit</b> | It has <b>moderately</b><br>limited my enjoyment<br>of life | It has <b>slightly</b><br>limited my enjoyment<br>of life | It has <b>not limited</b><br>my enjoyment<br>of life at all |                       |
| <input type="radio"/>                                      | <input type="radio"/>  | <input type="radio"/>                                       | <input type="radio"/>                                     | <input type="radio"/>                                       |                       |
- 

7. 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<br>satisfied | Mostly<br>dissatisfied | Somewhat<br>satisfied | Mostly<br>satisfied   | Completely<br>satisfied |
| <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   |
- 

8. 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.

<b>Activity</b>	<b>Severely Limited</b>	<b>Limited quite a bit</b>	<b>Moderately limited</b>	<b>Slightly limited</b>	<b>Did not limit at all</b>	<b>Does not apply or did not do for other reasons</b>
Hobbies, recreational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting family or friends out of your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>