UNIVERSITY OF OXFORD

Asking you about your health
heart failure

Instructions

Please complete the questionnaire, making sure you reply to all the questions. This should take you about 20 minutes.

If you have difficulties completing the questionnaire, please ask someone else to help you. However, it is your answers that we are interested in.

Questions or help?

If you have any questions or need any help please contact the research team on freephone 0800 9151 664 or via email at YourHealth@dphpc.ox.ac.uk.

Need help with translation?

Please ring 0800 9151 664

Please return the questionnaire in the enclosed pre-paid envelope

Version 2, 14.04.2010 (CB)
Study approved by the NHS Research Ethics Committee. Title: PROMs Pilot: REC Reference Number: 10/H0501/10

MINNESOTA LIVING WITH HEART FAILURE® QUESTIONNAIRE

The following questions ask how much your heart failure (heart condition) affected your life during the past month (4 weeks). After each question, circle the 0, 1, 2, 3, 4 or 5 to show how much your life was affected. If a question does not apply to you, circle the 0 after that question.

	Did your heart failure prevent you from living as you wanted during the past month (4 weeks) by -	**No**					**Very Much**
			Very Little				
1.	causing swelling in your ankles or legs?	0	1	2	3	4	5
2.	making you sit or lie down to rest during the day?	0	1	2	3	4	5
3.	making your walking about or climbing stairs difficult?	0	1	2	3	4	5
4.	making your working around the house or garden difficult?	0	1	2	3	4	5
5.	making your going places away from home difficult?	0	1	2	3	4	5
6.	making your sleeping well at night difficult?	0	1	2	3	4	5
7.	making your relating to or doing things with your friends or family difficult?	0	1	2	3	4	5
8.	making your working to earn a living difficult?	0	1	2	3	4	5
9.	making your recreational pastimes, sports or hobbies difficult?	0	1	2	3	4	5
10.	making your sexual activities difficult?	0	1	2	3	4	5
11.	making you eat less of the foods you like?	0	1	2	3	4	5
12.	making you short of breath?	0	1	2	3	4	5

Did your heart failure prevent you from living as you wanted during the past month (4 weeks) by-		No					Very Much
			Very Little				
13.	making you tired, fatigued, or low on energy?	0	1	2	3	4	5
14.	making you stay in a hospital?	0	1	2	3	4	5
15.	costing you money for medical care?	0	1	2	3	4	5
16.	giving you side effects from treatments?	0	1	2	3	4	5
17.	making you feel you are a burden to your family or friends?	0	1	2	3	4	5
18.	making you feel a loss of self-control in your life?	0	1	2	3	4	5
19.	making you worry?	0	1	2	3	4	5
20.	making it difficult for you to concentrate or remember things?	0	1	2	3	4	5
21.	making you feel depressed?	0	1	2	3	4	5

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

22. **Mobility**

- I have no problems in walking about ❑
- I have some problems in walking about ❑
- I am confined to bed ❑

23. **Self-Care**

- I have no problems with self-care ❑
- I have some problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

24. **Usual Activities** *(e.g. work, study, housework, family or leisure activities)*

- I have no problems with performing my usual activities ❑
- I have some problems with performing my usual activities ❑
- I am unable to perform my usual activities ❑

25. **Pain/Discomfort**

- I have no pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have extreme pain or discomfort ❑

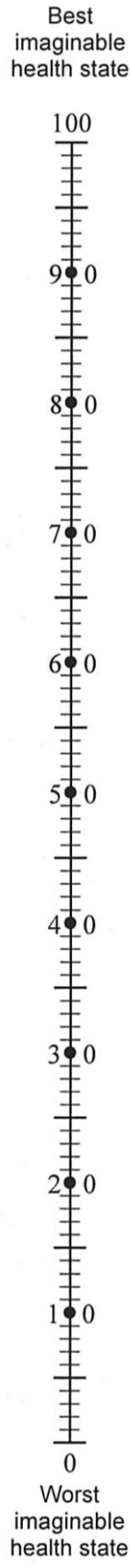
26. **Anxiety/Depression**

- I am not anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am extremely anxious or depressed ❑

27. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

    We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today



About you

The following questions will help us see how health varies between different people.

28. **Are you male or female?**

- ❑ Male
- ❑ Female

29. **How old are you?**

- ❑ Under 18
- ❑ 18 to 24
- ❑ 25 to 34
- ❑ 35 to 44
- ❑ 45 to 54
- ❑ 55 to 64
- ❑ 65 to 74
- ❑ 75 to 84
- ❑ 85 or over

30. **Which of these best describes what you are doing at present? If more than one of these applies to you, please tick the main ONE only.**

- ❑ Full-time paid work (30 hours or more each week)
- ❑ Part-time paid work (under 30 hours each week)
- ❑ Full-time education at school, college or university
- ❑ Unemployed
- ❑ Permanently sick or disabled
- ❑ Fully retired from work
- ❑ Looking after the home
- ❑ Doing something else

31. **Have you been told by a doctor that you have any of the following? Please tick all that apply.**

- ❑ Heart disease (for example angina, heart attack or heart failure)
- ❑ High blood pressure
- ❑ Problems caused by a stroke
- ❑ Leg pain when walking due to poor circulation
- ❑ Lung disease (for example asthma, chronic bronchitis or emphysema)
- ❑ Diabetes
- ❑ Kidney disease
- ❑ Diseases of the nervous system (for example Parkinson's disease or multiple sclerosis)
- ❑ Liver disease
- ❑ Cancer (within the last 5 years)
- ❑ Depression
- ❑ Arthritis

32. **How many years ago did you first receive a diagnosis for your heart condition?**

____ years ____ months

33. **What is your ethnic group?**

Choose one section from A to E below, then select the appropriate option to indicate your ethnic group.

A. White

- ❑ British
- ❑ Irish
- ❑ Any other White background, please write in: _____

B. Mixed

- ❑ White and Black Caribbean
- ❑ White and Black African
- ❑ White and Asian
- ❑ Any other Mixed background, please write in: _____

C. Asian or Asian British

- ❑ Indian
- ❑ Pakistani
- ❑ Bangladeshi
- ❑ Any other Asian background, please write in: _____

D. Black or Black British

- ❑ Caribbean
- ❑ African
- ❑ Any other Black background, please write in: _____

E. Chinese or other ethnic group

- ❑ Chinese
- ❑ Any other ethnic group, please write in: _____

34. **What is the first part of your postcode?** _ _ _ _

35. **Did you have any help with completing this questionnaire?**

- ❑ Yes
- ❑ No

If you have any other comments, please write them in the space below.

Thank you for completing this questionnaire.

Please return it to the research team in the enclosed pre-paid envelope.