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OR

NAME: _____

D.O.B: _____

U.R: _____

CCF

THE MINNESOTA LIVING WITH HEART FAILURE QUESTIONNAIRE

These questions concern how your heart failure (heart condition) has prevented you from living as you wanted during the last month. These items listed below describe different ways some people are affected. If you are sure an item does not apply to you or is not related to your heart failure, then circle 0 (No) and go on to the next item. If an item does apply to you, then circle the number rating of how much it prevented you from living as you wanted. Remember to think about **ONLY THE LAST MONTH.**

Did your heart failure prevent you from living as you wanted during the last month by

	No	Very Little			Very Much
1. causing swelling in your ankles, legs, etc.?	0	1	2	3	4 5
2. making your working around the house or yard difficult?	0	1	2	3	4 5
3. making your relating to or doing things with your friends or family difficult?	0	1	2	3	4 5
4. making you sit or lie down to rest during the day?	0	1	2	3	4 5
5. making you tired, fatigued, or low on energy?	0	1	2	3	4 5
6. making your working to earn a living difficult?	0	1	2	3	4 5
7. making your walking about or climbing stairs difficult?	0	1	2	3	4 5
8. making you short of breath?	0	1	2	3	4 5
9. making your sleeping well at night difficult?	0	1	2	3	4 5
10. making you eat less of the foods you like?	0	1	2	3	4 5
11. making your going places away from home difficult?	0	1	2	3	4 5
12. making your sexual activities difficult?	0	1	2	3	4 5
13. making your recreational pastimes, sports, or hobbies difficult?	0	1	2	3	4 5
14. making it difficult for you to concentrate or remember things?	0	1	2	3	4 5
15. giving you side effects from medications?	0	1	2	3	4 5
16. making you worry?	0	1	2	3	4 5
17. making you feel depressed?	0	1	2	3	4 5
18. costing you money for medical care?	0	1	2	3	4 5
19. making you feel a loss of self-control in your life?	0	1	2	3	4 5
20. making you stay in a hospital?	0	1	2	3	4 5
21. making you feel you are a burden to your family and friends?	0	1	2	3	4 5