



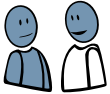
LIVING WITH HEART FAILURE:

Personal Decision Form

There are several different ways to manage living with heart failure. Each has possible benefits and risks. This form and video, together with your healthcare team, will help you make the decision that is best for you.

Please return this form with the video.

Your answers will tell us three important things:

Knowledge	
	How well we are doing our job of giving you information?
Values	
	What matters most to you?
Making Choices	
	How far along you are in decision making and what else you may need?

BEFORE WATCHING THE VIDEO, PLEASE ANSWER QUESTION 1 – 2

1. Have you talked with a healthcare provider about this decision?

- Yes
 No

2. At this time, do you do any of the following to manage your heart failure?

- | | Yes | No |
|--------------------------|--------------------------|--------------------------|
| Weigh yourself daily | <input type="checkbox"/> | <input type="checkbox"/> |
| Follow a low sodium diet | <input type="checkbox"/> | <input type="checkbox"/> |
| Take a water pill | <input type="checkbox"/> | <input type="checkbox"/> |

NOW, PLEASE WATCH THE VIDEO

Knowledge



AFTER WATCHING THE VIDEO,
please check one answer for each question.

3. Typical symptoms of heart failure include:

- Shortness of breath
- Fatigue
- Weight gain
- All of the above
- None of the above
- I am not sure

4. The most common reason people with heart failure are hospitalized is because of:

- Heart attack
- Shortness of breath
- Fatigue
- Build up of excess fluid
- I am not sure

5. The most effective thing people with heart failure can do to help manage their condition is to:

- Monitor their stress
- Weigh themselves daily
- Exercise
- Get enough rest
- I am not sure

6. Rapid weight gain in a person with heart failure is most often a sign of:

- Fatigue
- Getting too much sleep
- Fluid build up
- Too much stress
- I am not sure

7. Do you have any questions? Please list them here:

Values



On a scale from 1 to 10, where
1 is not at all important and 10 is very important:

	Not at all important					Very important				
. avoid being hospitalized?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
. avoid fluid build up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

On a scale from 1 to 10, where
1 is not at all willing and 10 is very willing:

How willing are you to . . .	Not willing					Very willing				
0. reduce sodium intake?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
1. weigh yourself everyday?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Making Choices

12. After viewing the program, do you think you will:

	Yes	No
Weigh yourself daily	<input type="checkbox"/>	<input type="checkbox"/>
Follow a low sodium diet	<input type="checkbox"/>	<input type="checkbox"/>
Take a water pill	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
13. Do you feel sure about the best choice for you?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you know the benefits and risks of each option?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you clear which benefits and risks matter most to you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have enough support and advice to make a choice?	<input type="checkbox"/>	<input type="checkbox"/>

17. What do you plan to do next?

- Get the treatment I chose
- Get more information
- Talk now with a member of my healthcare team
- At my next visit, talk with my healthcare provider
- Other _____

Tell us about yourself

18. **Female** **Male**

19. Age: _____ years old

20. Education level:

- 8th grade or less
- Some high school
- Graduated high school or GED
- Some college or technical school
- Graduated college
- Postgraduate school or degree

Video Feedback

21. How would you rate the length of the video?

- Should be much shorter
- Should be a little shorter
- About right
- Could be a little longer
- Could be much longer

22. Did the video present one strategy as the most important in managing heart failure?

- Yes, daily weighing
- Yes, low sodium diet
- Yes, water pill
- No, all presented as equal

23. Overall, how would you rate the video?

- Poor
- Fair
- Good
- Very good
- Excellent

24. Please write comments about the video or booklet here:
