

Nurses Knowledge of Heart Failure Education Principles Survey

Healthcare Instrument

Dear Nurse:

The attached survey was designed to assess your education needs related to self-management of heart failure. Specifically, we wish to learn your education needs in instructing patients about taking care of themselves in their homes (either after hospital discharge, or in general).

Please complete the following 20 item **yes (true) / no (false)** survey to help us determine your needs.

Instructions:

Please answer each question by placing an **X** in the yes or no answer box. If you would like more information on the topic in the question, place an **X** in the box to the left of each question marked *Need more Info on Subject?* If you do not know the correct answer, give us your best guess but please answer every question, even if you requested more information.

Need more
Info on subject?

Question

Yes (T) No (F)

- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | 1. Patients with heart failure should drink plenty of fluids each day. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 2. As long as no salt is added to foods, there are no dietary restrictions for patients with heart failure. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 3. Coughing and nausea/poor appetite are common symptoms of advanced heart failure. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Patients with heart failure should decrease activity and most forms of active exercise should be avoided. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 5. If the patient gains more than 3 pounds in 48 hours without other heart failure symptoms, they should not be concerned. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 6. Swelling of the abdomen may indicate retention of excess fluid due to worsening heart failure. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. If patients take their medications as directed and follow the suggested lifestyle modifications, their heart failure condition will not return. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. When patients have aches and pains, aspirin and non-steroidal anti-inflammatory drugs (NSAIDs like ibuprofen) should be recommended. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 9. It is OK to use potassium-based salt substitutes (like No-Salt or Salt Sense) to season food. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 10. If patients feel thirsty, it is OK to remove fluid limits and allow them to drink. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 11. When a patient adds extra pillows at night to relieve shortness of breath, this does not mean that the heart failure condition has worsened. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 12. If a patient wakes up at night with difficulty breathing, and the breathing difficulty is relieved by getting out of bed and moving around, this does not mean that the heart failure condition has worsened. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 13. Lean deli meats are an acceptable food choice as part of the patient's diet. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 14. Once the patient's heart failure symptoms are gone, there is no need for obtaining daily weights. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 15. When assessing weight results, today's weight should be compared with the patient's weight from yesterday, not the patient's ideal or dry weight. | <input type="checkbox"/> | <input type="checkbox"/> |

The following 5 statements are signs and symptoms that patients may have. Please mark yes or no to reflect if the patient should notify their heart failure physician of these symptoms:

Need more
Info on subject?

Yes No

- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | 16. BP recording of 80/56 without any heart failure symptoms. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 17. Weight gain of 3 pounds in 5 days without symptoms. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 18. Dizziness or lightheadedness when arising that disappears within 5 minutes. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 19. New onset or worsening of fatigue. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 20. New onset of worsening leg weakness or decreased ability to exercise. | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU for completing this survey.

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ANSWER KEY

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