

The European Heart Failure Self-Care Behavior Scale_9

This scale contains statements about heart failure self-care. Respond to each statement by circling the number you think best applies to you. Note that the different answer alternatives constitute a scale ranging between the extremes of “I completely agree” (1) to “I don’t agree at all” (5). Even if you feel uncertain about a particular statement, circle the number you feel is most true for you.

	I completely agree				I don't agree at all
1. I weigh myself every day	1	2	3	4	5
2. If my shortness of breath increases I contact my doctor or nurse.	1	2	3	4	5
3. If my feet/legs become more swollen than usual I contact my doctor or nurse.	1	2	3	4	5
4. If I gain 2 kilo in one week I contact my doctor or nurse.	1	2	3	4	5
5. I limit the amount of fluids I drink (not more than 1½-2 l/day)	1	2	3	4	5
6. If I experience increased fatigue I contact my doctor or nurse	1	2	3	4	5
7. I eat a low salt diet	1	2	3	4	5
8. I take my medication as prescribed	1	2	3	4	5
9. I exercise regularly	1	2	3	4	5

*The European Heart Failure Self-care Behavior Scale
(Jaarsma, Stromberg, Martensson, Dracup, 1999)*