

## The European Heart Failure Self-Care Behavior Scale

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
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2. If I get short of breath I take it easy	1	2	3	4	5
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3. If my shortness of breath increases I contact my doctor or nurse.	1	2	3	4	5
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4. If my feet/legs become more swollen than usual I contact my doctor or nurse.	1	2	3	4	5
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5. If I gain 2 kilo in one week I contact my doctor or nurse.	1	2	3	4	5
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6. I limit the amount of fluids I drink (not more than 1½-2 l/day)	1	2	3	4	5
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7. I take a rest during the day	1	2	3	4	5
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8. If I experience increased fatigue I contact my doctor or nurse	1	2	3	4	5
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9. I eat a low salt diet	1	2	3	4	5
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10. I take my medication as prescribed	1	2	3	4	5
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11. I get a flu jab every year	1	2	3	4	5
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12. I exercise regularly	1	2	3	4	5
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