MD Anderson Symptom Inventory - Heart Failure (MDASI-HF)

Part I. How severe are your symptoms?

People with cancer frequently have symptoms that are caused by their disease or by their treatment. We ask you to rate how severe the following symptoms have been in the last 24 hours. Please select a number from 0 (symptom has not been present) to 10 (the symptom was as bad as you can imagine it could be) for each item.

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<td>1. Your pain at its WORST?</td>
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<td>2. Your fatigue (tiredness) at its WORST?</td>
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<td>3. Your nausea at its WORST?</td>
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<td>4. Your disturbed sleep at its WORST?</td>
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<td>5. Your feeling of being distressed (upset) at its WORST?</td>
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<td>6. Your shortness of breath at its WORST?</td>
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<td>7. Your problem with remembering things at its WORST?</td>
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<td>8. Your problem with lack of energy at its WORST?</td>
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<td>9. Your feeling drowsy (sleepy) at its WORST?</td>
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<td>10. Your having a dry mouth at its WORST?</td>
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<td>11. Your feeling sad at its WORST?</td>
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<td>12. Your vomiting at its WORST?</td>
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<td>13. Your numbness or tingling at its WORST?</td>
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### Heart Failure (HF)

<table>
<thead>
<tr>
<th>Question</th>
<th>Not Present</th>
<th>As Bad As You Can Imagine</th>
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<tbody>
<tr>
<td>14. Your problem with abdominal bloating at its WORST?</td>
<td>0</td>
<td>10</td>
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<tr>
<td>15. Your problem with ankle swelling at its WORST?</td>
<td>0</td>
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<td>16. Your difficulty sleeping without adding more pillows under your head at its WORST?</td>
<td>0</td>
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<td>17. Your problem with lack of energy at its WORST?</td>
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<td>18. Your problem with racing heartbeat (palpitation) at its WORST?</td>
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<td>19. Your problem with nighttime cough at its WORST?</td>
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<td>20. Your problem with waking up at night with difficulty breathing at its WORST?</td>
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<td>21. Your problem with sudden weight gain at its WORST?</td>
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<td>10</td>
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### Part II: How have your symptoms interfered with your life?

Symptoms frequently interfere with how we feel and function. How much have your symptoms interfered with the following items in the last 24 hours? Please select a number from 0 (symptoms have not interfered) to 10 (symptoms interfered completely) for each item.

<table>
<thead>
<tr>
<th>Question</th>
<th>Interfered Completely</th>
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<tbody>
<tr>
<td>22. General activity?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>23. Mood?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>24. Work (including work around the house)?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<td>25. Relations with other people?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>26. Walking?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>27. Enjoyment of life?</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
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