Care pathways and treatment patterns for patients with heart failure in China: results from a cross-sectional survey

Supplementary materials

Figure S1 Regional distribution of cardiologists' practices in China (N=150).
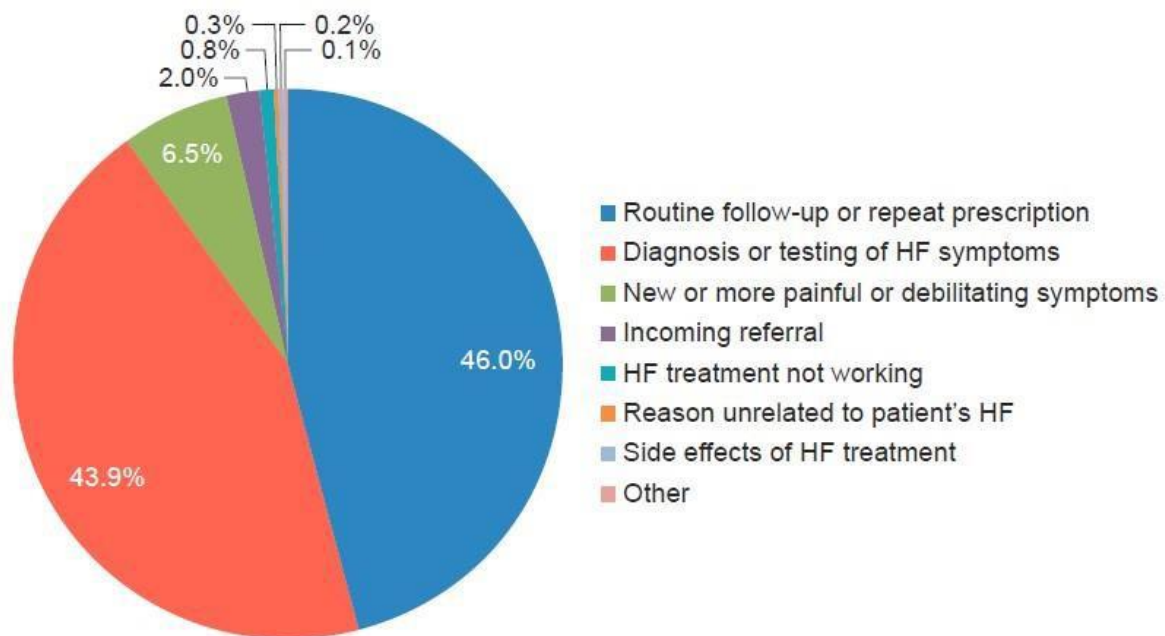**Notes:** Data were obtained from physician surveys.

Figure S2 Reasons for patients' consultation with a cardiologist (N = 1445).
Notes: Data obtained from patient record forms.
Abbreviation: HF, heart failure.

Appendix 1

Patient Record Form

Section A

Q1. What is the patient's age? _____ years OR ❑ 90+

Q2. What is the patient's sex? ❑ Male ❑ Female

Section B

Q2. What is the primary reason for this consultation? *(Please ✓ one)*

❑ Diagnosis and/or testing of heart failure symptoms	❑ Patient scheduled visit due to side effects from heart failure therapy
❑ Routine follow-up / for a repeat prescription	❑ Incoming referral
❑ Patient scheduled visit due to new or more painful and/or debilitating symptoms	❑ A reason unrelated to the patient's heart failure condition
❑ Patient scheduled visit because heart failure treatment is not working	❑ Other

Q3. What was the time interval between onset of heart failure symptoms and first visit to a physician?

_____ weeks OR _____ months OR _____ years OR ❑Patient consulted a physician immediately

Q4. What was the time interval between first visit and diagnosis of heart failure?

_____ weeks OR _____ months OR _____ years OR ❑ Diagnosis made at first visit/consultation

Q5. What was the time interval from diagnosis until first prescribed medication to treat heart failure?

_____ weeks OR _____ months OR _____ years OR

❑ Initiated immediately at diagnosis ❑ No prescribed treatment initiated yet

Q8. Please indicate on the grid below the specialty of

	Self	PCP/GP	Internist	Medical Cardiologist	Interventional cardiologist	Cardiac Surgeon	Cardiac Nurse	Coronary care unit / intensive coronary care unit physician	Cardiac Rehabilitation specialist	Endocrinologist	Pulmonologist	Geriatrician	Other
a.HCP who the patient first consulted in relation to heart failure	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏
b.HCP who first confirmed diagnosis of heart failure	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏
c.HCP who first initiated treatment specifically for heart failure	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏
d.Other HCPs who have been involved in treating the patient's heart failure	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏
e.Number of times patient has consulted each HCP in relation to heart failure in the last 12 months	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏	❏

Section C

Q3b. What is this patient's Ejection Fraction level ⎯ Currently_____ At diagnosis_____ 12 months ago ?

Q4. What is this patient's current NYHA functional classification and what was it 12 months ago (if applicable)

		Currently	12 months ago
(I)	No limitation of physical activity. Ordinary physical activity does not cause symptoms of heart failure	❏	❏
(II)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in symptoms of heart failure	❏	❏
(III)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms of heart failure	❏	❏
(IV)	Unable to carry on any physical activity without symptoms of heart failure, or symptoms of heart failure at rest	❏	❏

Q5. What is the underlying cause of this patient's heart failure? (please ✓ all that apply)

❏ Idiopathic	❏ Valve disease/problems	❏ Hypothyroidism
❏ Genetic / familial	❏ Congenital heart defect	❏ Chronic kidney disease
❏ Coronary Heart Disease / Myocardial infarction	❏ Atrial Fibrillation	❏ Alcohol/drug abuse
❏ Chronic obstructive pulmonary disease	❏ Arrhythmia	❏ Smoking
❏ Hypertension	❏ Venous thromboembolism	❏ Obesity
❏ Cardiomyopathy	❏ High cholesterol	❏ Chagas disease
❏ Myocarditis	❏ Diabetes	❏ I do not know the underlying cause
❏ Cardiac amyloidosis	❏ Hyperthyroidism	❏ Other (specify) _____

Section F

Q1a. Which of the following examinations/tests/scans were conducted for this patient (by any physician) to aid their heart failure <u>diagnosis</u>

Q1b. Which of the following examinations/tests/scans were conducted for this patient (by any physician) in order to <u>monitor</u> their heart failure

Q1c. How many times each examination/test/scan has been conducted/used in the <u>last 12 months</u> in relation to the patient's heart failure

Q1d-f. Please also provide the results for the examinations/tests/scans at the time points indicated (please ✓ one unit per test)

Physical Examinations

	a) Diagnose this patient's heart failure	b) Monitor this patients heart failure	c) Number of times tested in the last 12 months	d) Current Value / sign currently present	e) Value at diagnosis / sign present at diagnosis	f) Value 12 months ago / sign present 12 months ago
1. Blood pressure (SYS/DIA)	☐	☐	_____	___/___ mmHg	___/___ mmHg	___/___ mmHg
2. Heart rate	☐	☐	_____	_____ bpm	_____ bpm	_____ bpm
3. Exercise test	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
4. FEV1 (spirometry)	☐	☐	_____	_____ %	_____ %	_____ %
5. PEFR (peak flow)	☐	☐	_____	_____ %	_____ %	_____ %
6. Pulmonary crackles	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
7. Jugular Venous Pressure (JVP)	☐	☐	_____	___cm H_2O	___cm H_2O	___cm H_2O
8. Signs of poor circulation / cold extremities	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
9. Pleural effusion	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10. S3 gallop / cardiac murmur	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
11. Peripheral hypoperfusion	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
12. Mitral regurgitation	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
13. Aortic stenosis	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
14. Peripheral oedema	☐	☐	_____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
15. Family history	☐					
16. Cognitive status	☐	☐	_____			
17. Other _____	☐	☐	_____	_____	_____	_____

Blood/Urine Tests

	a) Diagnose this patient's heart failure	b) Monitor this patients heart failure	c) Number of times tested in the last 12 months	d) Current Value (please ✓ a unit)	e) Value at diagnosis (please ✓ a unit)	f) Value 12 months ago (please ✓ a unit)
1. B-type natriuretic peptide (BNP)	☐	☐	_____	☐ pg/mL ☐ ng/L ☐ pmol/L	☐ pg/mL ☐ ng/L ☐ pmol/L	☐ pg/mL ☐ ng/L ☐ pmol/L
2. N terminal fragment B-type natriuretic peptide (NT-proBNP)	☐	☐	_____	☐ pg/mL ☐ ng/L ☐ pmol/L	☐ pg/mL ☐ ng/L ☐ pmol/L	☐ pg/mL ☐ ng/L ☐ pmol/L
3. Troponin I or T	☐	☐	_____	☐ ng/mL ☐ pg/mL ☐ ng/L ☐ µg/L	☐ ng/mL ☐ pg/mL ☐ ng/L ☐ µg/L	☐ ng/mL ☐ pg/mL ☐ ng/L ☐ µg/L
4. Hs-Troponin I or T	☐	☐	_____	☐ ng/mL ☐ pg/mL ☐ ng/L ☐ µg/L	☐ ng/mL ☐ pg/mL ☐ ng/L ☐ µg/L	☐ ng/mL ☐ pg/mL ☐ ng/L ☐ µg/L
5. Total Creatinine Kinase (CK-MB)	☐	☐	_____	_____ Units/L	_____ Units/L	_____ Units/L

	a) Diagnose this patient's heart failure	b) Monitor this patients heart failure	c) Number of times tested in the last 12 months	d) Current Value (please ✓ a unit)	e) Value at diagnosis (please ✓ a unit)	f) Value 12 months ago (please ✓ a unit)
6. Serum AST Aspartate aminotransferase	☐	☐	_____	☐ IU/L ☐ mckat/L	☐ IU/L ☐ mckat/L	☐ IU/L ☐ mckat/L
7. Serum ALT Alanine aminotransferase	☐	☐	_____	☐ IU/L ☐ mckat/L	☐ IU/L ☐ mckat/L	☐ IU/L ☐ mckat/L
8. Triglycerides	☐	☐	_____	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L
9. Fasting glucose	☐	☐	_____	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L
10. HbA1c	☐	☐	_____	☐ % ☐ mmol/mol	☐ % ☐ mmol/mol	☐ % ☐ mmol/mol
11. Estimated Glomerular Filtration Rate (eGFR)	☐	☐	_____	mL/min/1.73m^2	mL/min/1.73m^2	mL/min/1.73m^2
12. Urine Albumin Creatinine Ratio (ACR)	☐	☐	_____	☐ mg/mmol ☐ mg/g ☐ mg/24hr	☐ mg/mmol ☐ mg/g ☐ mg/24hr	☐ mg/mmol ☐ mg/g ☐ mg/24hr
13. Urine Protein Creatinine Ratio (PCR)	☐	☐	_____	☐ mg/mmol ☐ mg/g ☐ mg/24hr	☐ mg/mmol ☐ mg/g ☐ mg/24hr	☐ mg/mmol ☐ mg/g ☐ mg/24hr
14. Serum creatinine	☐	☐	_____	☐ mg/dl ☐ g/L ☐ µmol/L	☐ mg/dl ☐ g/L ☐ µmol/L	☐ mg/dl ☐ g/L ☐ µmol/L
15. Serum potassium	☐	☐	_____	☐ mEq/L ☐ g/L ☐ mmol/L	☐ mEq/L ☐ g/L ☐ mmol/L	☐ mEq/L ☐ g/L ☐ mmol/L
16. Sodium	☐	☐	_____	☐ mEq/L ☐ g/L ☐ mmol/L	☐ mEq/L ☐ g/L ☐ mmol/L	☐ mEq/L ☐ g/L ☐ mmol/L
17. Calcium	☐	☐	_____	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L
18. Thyroid Function	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
19. Haemoglobin	☐	☐	_____	☐ g/dL ☐ g/L ☐ mmol/L	☐ g/dL ☐ g/L ☐ mmol/L	☐ g/dL ☐ g/L ☐ mmol/L
20. Total cholesterol	☐	☐	_____	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L
21. LDL-C	☐	☐	_____	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L
22. HDL-C	☐	☐	_____	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L	☐ mg/dl ☐ g/L ☐ mmol/L

	a) Diagnose this patient's heart failure	b) Monitor this patients heart failure	c) Number of times tested in the last 12 months	d) Current Value (please ✓ a unit)	e) Value at diagnosis (please ✓ a unit)	f) Value 12 months ago (please ✓ a unit)
23. Highly sensitive C-reactive protein (Hs -CRP)	☐	☐	_____	_____ ☐ mg/L ☐ mg/dl ☐ nmol/L	_____ ☐ mg/L ☐ mg/dl ☐ nmol/L	_____ ☐ mg/L ☐ mg/dl ☐ nmol/L
24. Blood urea nitrogen (BUN)	☐	☐	_____	_____ ☐ mg/dl ☐ g/L ☐ mmol/L	_____ ☐ mg/dl ☐ g/L ☐ mmol/L	_____ ☐ mg/dl ☐ g/L ☐ mmol/L
25. Urea nitrogen	☐	☐	_____	_____ ☐ mg/dl ☐ g/L ☐ mmol/L	_____ ☐ mg/dl ☐ g/L ☐ mmol/L	_____ ☐ mg/dl ☐ g/L ☐ mmol/L
26. Platelet count	☐	☐	_____	_____ ☐ /µL ☐ x10⁴/µL ☐ mm³ ☐ x10⁹/L	_____ ☐ /µL ☐ x10⁴/µL ☐ mm³ ☐ x10⁹/L	_____ ☐ /µL ☐ x10⁴/µL ☐ mm³ ☐ x10⁹/L
27. Uric acid	☐	☐	_____	_____ ☐ mg/dL ☐ µmol/L	_____ ☐ mg/dL ☐ µmol/L	_____ ☐ mg/dL ☐ µmol/L
28. Other _____	☐	☐	_____	_____	_____	_____

Scans / Investigations

	a) Diagnose this patient's heart failure	b) Monitor this patients heart failure	c) Number of times tested in the last 12 months	d) Current Value	e) Value at diagnosis	f) Value 12 months ago
1. Echocardiogram	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
2. Ejection Fraction	☐	☐	_____			
3. Electrocardiogram (ECG)	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
4. QRS-duration	☐	☐	_____	_____ ms	_____ ms	_____ ms
5. QT- interval	☐	☐	_____	_____ ms	_____ ms	_____ ms
6. Holter monitoring	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
7. Chest X-ray	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
8. Coronary Angiogram	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
9. Cardiac CT scan	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
10. Cardiac MRI	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
11. Cardiac catheterization	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
12. Nuclear medicine scan	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
13. Radionuclide (Isotope) Scan	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
14. Myocardial scintigraphy	☐	☐	_____	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal	☐ Normal ☐ Abnormal
15. Other _____	☐	☐	_____	_____	_____	_____

Section I

Please record all current heart failure therapies, dose per tablet / injection (including unit), frequency, whether it was the patient's initial regimen and duration of treatment. Then work back through any previous regimens recording drug information for each. Please do not include dose change as a change in regimen.

1)		✓ If currently prescribing	Dose per tablet / injection	Unit (e.g.)mg	Number of times / Per / Day / Week / Month	Most recent dose titration (if applicable)	Previous Regimen 1	Previous Regimen 2	Previous Regimen 3
	1. No heart failure therapy	☐					☐	☐	☐
ACE INHIBITORS	2. Benazepril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	3. Captopril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	4. Enalapril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	5. Fosinopril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	6. Lisinopril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	7. Perindopril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	8. Ramipril	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
ARBs	9. Candesartan	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	10. Losartan	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	11. Valsartan	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
BETA BLOCKERS	12. Bisoprolol	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	13. Carvedilol	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	14. Metoprolol	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
STATINS	15. Atorvastatin	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	16. Simvastatin	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
ANTI-COAGULANTS	17. Apixaban	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	18. Dabigatran	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	19. Rivaroxaban	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	20. Warfarin	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
DIURETICS	21. Bumetanide	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	22. Torasemide	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	23. Furosemide	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	24. Hydroclorothiazide	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
ALDO-STREONE ANTAGONIST	25. Spironolactone	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	26. Eplerenone	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	27. Ivabradine	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	28. Isosorbide dinitrate	☐	____		__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
	29. Digoxin	☐	____	____	__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐

*Please list below **all other** heart failure and cardiovascular therapy:*

	✓ If currently prescribing	Dose per tablet / injection	Unit	Number of times	Most recent dose titration	Previous Regimen 1	Previous Regimen 2	Previous Regimen 3
_____	☐	____	____	__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
_____	☐	____	____	__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
_____	☐	____	____	__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
_____	☐	____	____	__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐
_____	☐	____	____	__ x ☐☐☐	↑☐ ↓☐	☐	☐	☐

2) ✓ if initial regimen: ☐   ☐   ☐   ☐

3) How long has this patient received this regimen for?

_____ Week(s) **OR**
_____ Month(s) **OR**
_____ Year(s)

Previous Regimen 1	Previous Regimen 2	Previous Regimen 3
___ Week(s) **OR** ___ Month(s) **OR** ___ Year(s)	___ Week(s) **OR** ___ Month(s) **OR** ___ Year(s)	___ Week(s) **OR** ___ Month(s) **OR** ___ Year(s)

For the same regimens recorded on the previous page, please now indicate any issues with the current regimen

Side effects

2. Dizziness	☐
3. Hypotension	☐
4. Headaches	☐
5. Confusion / difficulty thinking	☐
6. Depression	☐
7. Drowsiness / weakness	☐
8. Fatigue / Tiredness	☐
9. Problems sleeping	☐
10. GI problems (e.g. diarrhoea/constipation)	☐
11. Abdominal pain	☐
12. Stomach problems (e.g. nausea/vomiting)	☐
13. Loss of appetite	☐
14. Irregular heartbeat	☐
15. Joint pain / Muscles aches	☐
16. Numbness / tingling on skin	☐
17. Swelling of lips, tongue, throat or face	☐
18. Abnormal taste (metallic / salty)	☐
19. Rash	☐
20. Cough	☐
21. Blurred vision / Luminous visual phenomena	☐
22. Cool hands and feet	☐
23. Increased risk of bleeding	☐
24. Gout	☐
25. Sexual dysfunction	☐
26. Worsening renal function	☐
27. Hyperkalemia	☐

Section J

For each prescribed heart failure therapy the patient is <u>currently receiving</u> please record the following:
Q1. All reasons which influenced your choice in selecting this patient's current drug(s)
Q2. Then indicate the most important areas where you feel therapeutic performance could be improved for this patient. These may also have been selected as a reason for choice.

Please ensure the drugs written in correspond with treatment currently being received ⟶	Drug 1 (please write in)	Drug 2 (please write in)	Drug 3 (please write in)	Drug 4 (please write in)	Drug 5 (please write in)	2. Improvement areas
EFFICACY RELATED						
1. Reduces risk of death	☐	☐	☐	☐	☐	☐
2. Reduces risk of hospitalization	☐	☐	☐	☐	☐	☐
3. Enables good symptom control	☐	☐	☐	☐	☐	☐
4. Improves quality of life	☐	☐	☐	☐	☐	☐
5. Lowers blood pressure	☐	☐	☐	☐	☐	☐
6. Speed of onset of action	☐	☐	☐	☐	☐	☐
7. Long lasting effect	☐	☐	☐	☐	☐	☐
8. Slows progression /worsening of disease	☐	☐	☐	☐	☐	☐
9. Protects renal function	☐	☐	☐	☐	☐	☐
10. Effective across several indications	☐	☐	☐	☐	☐	☐
SAFETY RELATED						
11. Lack of serious side effects	☐	☐	☐	☐	☐	☐
12. Lower risk of interaction with other drugs	☐	☐	☐	☐	☐	☐
13. Lower risk of causing cough	☐	☐	☐	☐	☐	☐
14. Lower risk of increased potassium levels	☐	☐	☐	☐	☐	☐
15. Good tolerability/long term safe use	☐	☐	☐	☐	☐	☐
16. Lower risk of arrhythmias	☐	☐	☐	☐	☐	☐
17. Low risk of hypotension	☐	☐	☐	☐	☐	☐
18. Less monitoring required	☐	☐	☐	☐	☐	☐
19. Lower risk of renal events	☐	☐	☐	☐	☐	☐
20. Reduces risk of depression	☐	☐	☐	☐	☐	☐
21. Suitable for patients with asthma	☐	☐	☐	☐	☐	☐
GENERAL						
22. Easy titration	☐	☐	☐	☐	☐	☐
23. Once daily dosing	☐	☐	☐	☐	☐	☐
24. Effective in combination	☐	☐	☐	☐	☐	☐
25. Physician familiarity / experience	☐	☐	☐	☐	☐	☐
26. In accordance with guidelines	☐	☐	☐	☐	☐	☐
27. Patient acceptance / preference to use drug	☐	☐	☐	☐	☐	☐
28. Good trial data / publication evidence	☐	☐	☐	☐	☐	☐
29. Complexity of administrative controls on use	☐	☐	☐	☐	☐	☐

Section J

Q4. Thinking about the last treatment decision (initiation, switch, discontinuation) that you made, how much influence did the patient have?

☐ I made the treatment decision with no discussion
☐ We discussed all treatment options together, but I made the final decision
☐ We discussed all treatment options together and the patient made the final decision
☐ The patient asked me to prescribe a specific therapy which I did

Section P

Q1. How many times has this patient been hospitalised (as an inpatient) for any condition in the last 12 months? *(if none, please write 0)_____times*

Q2. How many times has this patient been hospitalised (as an inpatient) for their heart failure in the last 12 months? *(if none, please write 0)_____times*

Q3. Please complete the grid below with details of the patient's hospital admissions (all cause) in the last 12 months (max of 6)

Reason for hospitalisation as an inpatient (write in)	Time since hospitalisation	In relation to patients heart failure?	Type of care?		Procedure /treatment (write in)	Length of stay (nights)	Critical care needed?		
			Emergency	Non-emergency			Yes	No	Don't know
1. _____	_____ days	☐	☐	☐	_____	____	☐	☐	☐
2._____	_____ days	☐	☐	☐	_____	____	☐	☐	☐
3._____	_____ days	☐	☐	☐	_____	____	☐	☐	☐
4._____	_____ days	☐	☐	☐	_____	____	☐	☐	☐
5._____	_____ days	☐	☐	☐	_____	____	☐	☐	☐
6._____	_____ days	☐	☐	☐	_____	____	☐	☐	☐

Q4a. On how many occasions in the last 12 months has this patient visited the hospital (all cause) as…? *(If none, please write 0)*

An Emergency Room patient:_____times   Outpatient/day visit:_____times

Q4b. On how many occasions in the last 12 months has this patient visited the hospital due to their heart failure as…? *(If none, please write 0)*

An Emergency Room patient:_____times   Outpatient/day visit:_____times

Section Q

Q1 Which of the conditions on the list below did the patient (a) suffer from <u>before being diagnosed</u> with heart failure and (b) start suffering from <u>after being diagnosed</u> with heart failure?

	1a) Already suffered before diagnosed with heart failure	1b) Began suffering after being diagnosed with heart failure
1. Anxiety	❑	❑
2. Depression	❑	❑
3. Migraines / headaches	❑	❑
4. Hypertension	❑	❑
5. Angina	❑	❑
6. Stroke	❑	❑
7. Hyperlipidaemia	❑	❑
8. Deep vein thrombosis	❑	❑
9. Peripheral Vascular Disease	❑	❑
10. Cerebrovascular Disease	❑	❑
11. Long term gastrointestinal problems	❑	❑
12. Myocardial infarction	❑	❑
13. Obesity	❑	❑
14. Cardiac cachexia	❑	❑
15. Problems sleeping	❑	❑
16. Dementia	❑	❑
17. Asthma	❑	❑
18. COPD	❑	❑
19. Connective Tissue Disease	❑	❑
20. Peptic Ulcer Disease	❑	❑
21. Diabetes type I (uncomplicated)	❑	❑
22. Diabetes type I (with end-organ damage)	❑	❑
23. Diabetes type II (uncomplicated)	❑	❑
24. Diabetes type II (with end-organ damage)	❑	❑
25. Chronic Kidney Disease (mild)	❑	❑
26. Chronic Kidney Disease (moderate to severe)	❑	❑
27. Hemiplegia	❑	❑
28. Leukaemia	❑	❑
29. Malignant Lymphoma	❑	❑
30. Solid Tumour (metastatic)	❑	❑
31. Solid tumour (not metastatic)	❑	❑
32. Liver Disease (mild)	❑	❑
33. Liver Disease (moderate to severe)	❑	❑
34. AIDS	❑	❑
35. None	❑	❑
36. Other (please specify)_____	❑	❑
37. Other (please specify)_____	❑	❑

Patient self-completion form

Section D

Q5. Thinking about the last decision that your doctor made about your medicine, how much influence did you have?

☐ The doctor made the decision about my medicine with no discussion
☐ We discussed all the medicine options together, but my doctor made the final decision
☐ We discussed all the medicine options together and I made the final decision
☐ I asked the doctor to prescribe a specific medicine which he /she did

Section F

Q1. Please indicate on the grid below which side effects, if any, you currently suffer from as a result of taking your currently prescribed heart failure medicine(s)

	a) Side effects currently suffered (please ✓ all that apply)
1. I am not suffering from any side effects	☐
2. Dizziness	☐
3. Low blood pressure	☐
4. Headaches	☐
5. Confusion / difficulty thinking	☐
6. Depression	☐
7. Drowsiness / weakness	☐
8. Fatigue / tiredness	☐
9. Problems sleeping	☐
10. GI problems (e.g. diarrhoea / constipation)	☐
11. Abdominal pain	☐
12. Stomach problems (e.g.) Nausea / vomiting	☐
13. Loss of appetite	☐
14. Irregular heartbeat	☐
15. Joint pain / muscle aches	☐
16. Numbness or tingling on skin	☐
17. Swelling of lips, tongue, throat or face	☐
18. Abnormal taste (metallic or salty taste)	☐
19. Rash	☐
20. Coughing	☐
21. Blurred vision / vision problems	☐
22. Cool hands and feet	☐
23. Bleed / bruise easily	☐
24. Gout	☐
25. Sexual dysfunction	☐
26. Other _____	☐

Physician Interview

Front page

Type of Practice
❑ Hospital Only　　❑ Office / Clinic only　　❑ Hospital and office/clinic　　❑ Other

<u>If stated hospital specify tier</u>
❑ Tier 3 hospital
❑ Tier 2 hospital
❑ Tier 1 hospital
❑CHC

In which province or autonomous region are you based? _____