

## Heart Failure Question Form

1. What type of heart failure do I have: systolic or diastolic?
2. What is my ejection fraction: \_\_\_\_\_%
3. When am I going to have my next echocardiogram?  
\_\_\_\_\_
4. What caused my heart failure?  
\_\_\_\_\_
5. How often should I weight myself? What should I do if I gain \_\_\_\_\_ pounds?  
\_\_\_\_\_  
\_\_\_\_\_
6. Should I restrict the salt and fluid in my diet and how much?  
\_\_\_\_\_  
\_\_\_\_\_
7. If you have systolic heart failure; should I be on an ACE-I, ARBS, and/or BB?  
\_\_\_\_\_  
\_\_\_\_\_
8. If you have systolic heart failure; should I be on an aldosterone agonist (aldactone) or digoxin?  
\_\_\_\_\_  
\_\_\_\_\_
9. Should I pay attention to how much I urinate?  
\_\_\_\_\_  
\_\_\_\_\_
10. Do I have any evidence of Ischemia (lack of blood flow to any area of my heart), have you checked for it?  
\_\_\_\_\_  
\_\_\_\_\_
11. Are my risk factors controlled? Blood pressure, cholesterol, diabetes.  
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\_\_\_\_\_
12. Should I see a cardiologist? \_\_\_\_\_
13. Should I exercise?  
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