

ANNEX

ANNEX I: INFORMATION SHEET

Wallaga University

Institute of Health Sciences School of Nursing and Midwifery

Department Of Nursing

Title: Health related quality of life and its associated factors in People with heart attending public hospitals, in Nekemte Town, western Ethiopia, 2023.

Name of Investigator: Kidane Dinku (BSC, MSC candidate)

Name of the Sponsor: Wallaga University.

Risk and/or Discomfort: Besides spending a certain amount of time, there is no physical or psychological trauma associated with the treatment.

Confidentiality: To ensure confidentiality, the names of participants will not be included in the data collected on the chart, and the information gathered will be kept private. Furthermore, it will be held in a protected system with a computer password and kept under lock and key, with disclosure limited to the investigator alone.

Autonomy: You are not obligated to answer any questions that you feel uncomfortable with, and your participation is completely voluntary. You have the freedom to leave the study at any time. However, it is important to remember that your Participation honestly will greatly contribute to generating important findings.

Right of participant: The Participants have the right to refuse to disclose any information and their participation must be voluntary.

Contact Person: Contact the principal investigator anytime for questions or inquiries via email at kidaneeeendinku@gmail.com or cell phone at +251912383136.

ANNEX II: HOSPITAL CONSENT FORM

Title: Health related quality of life and its associated factors in People with heart failure attending public hospitals, in Nekemte, western Ethiopia, 2023.

A consent form that certifies the respondent's agreement before the interview

Introduction

My name is _____; I am Nurse and now I am going to collect data from people with heart failure at _____; for the research will be conducted by Mr. Kidane Dinku to asses' Quality of life and its associated factors among people with heart failure attending public hospitals, in Nekemte Town, western Ethiopia, 2023. The study will be conducted through structured interviewer-administered questionnaire and other personal identifiers will not be recorded on data collection format and the information that you give us will be kept confidential and will also be used for this study purpose alone. A code number will be identifying every participant and no names will be used. If a report of the result is published, only summarized information of the total group will appear.

Name of data collector----- signature-----

--

Are you willing to participate in the study?

1. Yes 2. No

01. Zone: _____

02. Woreda/subcity: _____

03. Name of Data Collector: _____ Signature _____ Date: _____ 04. Name of Supervisor: _____ Signature _____ Date: _____

ANNEX – III: TOOL FOR DATA COLLECTION

This is the questionnaire to assess quality of life and its associated factors among people with heart failure attending public hospitals, in Nekemte, western Ethiopia, 2023.

Instruction: Encircle or write response on space provided in front of each question

PART ONE:- SOCIO-DEMOGRAPHIC CHARACTERISTICS QUESTIONS		
101	Age	_____ years
102	Sex	1. Male 2. Female
103	Place of residence	1. Urban 2. Rural
104	Religion	1. Christian Protestant 2. Christian Orthodox 3. Muslim 4. Christian Catholic 5. Waaqeffata 6. Other (specify)_____
	Marital status	1. Single 2. Married 3. Divorced 4. Widowed 5. Others (specify) _____
106	Level of Education	1. Illiterate 2. Writing and reading only 3. Primary school (1-8grade) 4. Secondary school (9-10 grade) 5. Preparatory (11-12grade) 6. Diploma and above
107	Occupation/Work status	1. Private employee 2. Government employee 3. Self-employee 4. Non-governmental organization (NGO) 5. House wife 6. Student
108	Family size per house hold (state the number of family size)	_____
109	Income (by estimation)	_____ in month

PARTTWO: CLINICAL CHECKLIST

201	New York Heart Association classification	1. I 2. II. 3. III. 4. IV
202	Duration of diagnosed with heart failure?	_____ months
203	Do you have another comorbid illness?	1. Yes 2. No
204	If your answer is yes to the above question, please specify,	_____

PART THREE: QUESTIONS TO MEASURE BEHAVIORAL PRACTICE

301	Do you ever smoke cigarette?	1. Yes 2. No
302	Do you ever drink alcohol?	1. Yes 2. No
303	Do you have used salt, after you diagnosed with HF?	1. Yes 2. No

PART FOUR: Questions to measure the self-management

s.no	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
401	I weigh myself every day	1	2	3	4	5
402	If my shortness of breath increases, I contact my doctor or nurse	1	2	3	4	5
403	If my feet legs become more swollen than usual contact my doctor or nurse	1	2	3	4	5
404	If I gain 2 kg in 1 week, I contact my doctor or nurse	1	2	3	4	5
405	I limit the amount of fluids	1	2	3	4	5
406	If I experience increased fatigue, I contact my doctor or nurse	1	2	3	4	5
407	I eat a low salt diet	1	2	3	4	5
408	I take my medication as prescribed	1	2	3	4	5
409	I exercise regularly	1	2	3	4	5



PART FIVE: QUESTIONS TO MEASURE SOCIAL SUPPORT

s.no	In the following statement I will read for you and then select which one you feel?	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly agree	Strongly agree	Very Strongly agree
501	My family really tries to help me	1	2	3	4	5	6	7
502	I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
503	I can talk about my problems with my family	1	2	3	4	5	6	7
504	My family is willing to help me make decisions	1	2	3	4	5	6	7
505	My friends really try to help me	1	2	3	4	5	6	7
506	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
507	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
508	I can talk about my problems with my friends	1	2	3	4	5	6	7
509	There is a special person who is around when I am in need	1	2	3	4	5	6	7
510	There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
511	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
512	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7

PART SIX: QUESTIONS TO MEASURE QUALITY OF LIFE (QOL).

s.no	Did your heart failure prevent you from living as you wanted during the past month (4 weeks) by:	No	Very little				Very Much
601	Causing swelling in your ankles or legs?	0	1	2	3	4	5
602	Making you sit or lie down to rest during the day?	0	1	2	3	4	5
603	Making you are walking about or climbing stairs difficult?	0	1	2	3	4	5
604	Making your working around the house or yard difficult?	0	1	2	3	4	5
605	Making you are going places away from home difficult?	0	1	2	3	4	5
606	Making your sleeping well at night difficult?	0	1	2	3	4	5
607	Making your relating to or doing things with your friends or family difficult?	0	1	2	3	4	5
608	Making your working to earn a living difficult?	0	1	2	3	4	5
609	Making your recreational pastimes, sports or hobbies difficult?	0	1	2	3	4	5
610	Making your sexual activities difficult?	0	1	2	3	4	5
611	Making you eat less of the foods you like?	0	1	2	3	4	5
612	Making you short of breath?	0	1	2	3	4	5
613	Making you tired, fatigued, or low on energy?	0	1	2	3	4	5
614	Making you stay in a hospital?	0	1	2	3	4	5
615	Costing you money for medical care?	0	1	2	3	4	5
616	Giving you side effects from treatments?	0	1	2	3	4	5
617	Making you feel you are a burden to your family or friends?	0	1	2	3	4	5
618	Making you feel a loss of self-control in your life?	0	1	2	3	4	5
619	Making you worry?	0	1	2	3	4	5
710	Making it difficult for you to concentrate or remember things?	0	1	2	3	4	5
711	Making you feel depressed?	0	1	2	3	4	5