**I-HARP IDENTIFYING**

**PATIENT INTRODUCTION**
I would like to talk to you about your wishes and concerns about your heart failure, so that we can look at what you need together. I would therefore like to ask you a number of questions.

**POSSIBLE QUESTIONS FOR STARTING THE CONVERSATION**
- What is mainly keeping you busy at present?
- What do you enjoy?
- How have you been doing the last few days?

### IDENTIFICATION QUESTIONS

|   | YES | NO |
|---|-----|----|
| 1 | Do you have physical complaints that make it more difficult for you to do normal activities? |   |
| 2 | Do you need help or more help with washing yourself, getting dressed, doing shopping or doing housework? |   |
| 3 | Do you have any questions about heart failure or your treatment? |   |
| 4 | Heart failure can considerably affect your daily life. Do you find it difficult to cope with? |   |
| 5 | Many people with heart failure experience psychological complaints. Does this also apply to you? |   |
| 6 | Do you sometimes feel misunderstood by important people who are close to you? |   |
| 7 | Would you like to talk to someone about questions about life, or 'why' questions? |   |
| 8 | Is there something that I should know about your cultural background or religion in order to provide you with proper care? |   |
| 9 | Are you worried about money matters as a result of your condition? |   |
| 10 | Do you have any questions or concerns about your future with your condition (heart failure)? |   |
| 11 | Would you like to talk to your doctor about the treatment and care you would like to receive if your condition continues to deteriorate? |   |
| 12 | We have often found that informal caregivers would like to receive more help from others. Does that also apply to you? |   |
| 13A | (Question for patient, if next of kin is not present). Would your next of kin like to receive a further explanation about heart failure or about the treatment? |   |
| 13B | (Question for next of kin, if present). Would you like to receive a further explanation about heart failure or about the treatment? |   |
### Suggested Further Questions per Item for Possible Care Needs

| Item | Questions                                                                                       |
|------|-------------------------------------------------------------------------------------------------|
| 1    | • Do you suffer from shortness of breath, tiredness, pain or loss of appetite, for example?   |
|      | • What complaint affects you the most?                                                          |
|      | • Is it more difficult for you to do activities such as washing the dishes and cleaning as a result of your heart failure? |
| 2    | • What do you need help with?                                                                   |
|      | • Do you need help doing housework or when washing yourself and getting dressed?                 |
|      | • Who is helping you now?                                                                      |
|      | • What kind of help would you like to receive?                                                   |
|      | • How do you feel about having to ask for help?                                                  |
| 3    | • What questions do you have about heart failure?                                                |
|      | • What questions do you have about your treatment?                                               |
|      | • What questions do you have about medication?                                                   |
| 4    | • Does it make you sad or angry when you find that you can no longer do activities the way you used to? |
|      | • Do you have periods in which you are angry or sad since you have had heart failure?            |
|      | • Do you find it difficult to accept that you can no longer do things the way you used to?       |
|      | • Do you need help in this area?                                                                |
| 5    | • Do you suffer from sadness, tension, worry or loneliness?                                     |
|      | • Does heart failure make you feel anxious quickly?                                              |
|      | • Do you think about heart failure a lot?                                                        |
| 6    | • Who are the most important people to you?                                                      |
|      | • In what areas do you feel misunderstood?                                                       |
|      | • What should the most important people to you know so that you do feel understood?              |
|      | • What would help you?                                                                         |
| 7    | • Are there certain questions about life, or ‘why’ questions that you have been asking yourself?|
|      | • Is there something that is always on your mind?                                                |
|      | • Would you like to talk to someone about it?                                                    |
|      | • With whom would you like to talk about it?                                                     |
|      | • Who or what do you need to make life worthwhile? How can I (or another person) help you do that?|
| 8    | • What should I know so that I can provide you with good care?                                  |
|      | • To what extent does your cultural background or religion influence your wishes in this stage of your life? |
| 9    | • Do you need any help with your money matters?                                                  |
|      | • Would you like to know more about receiving help with your money matters?                      |
| 10   | • What questions do you have about your future with your condition, heart failure?               |
|      | • What are you worried about?                                                                   |
|      | • Would you like to know more about what heart failure means for your future?                    |
| 11   | • What would you like to discuss?                                                                |
|      | • Would you like to know more about the care you can receive if your condition deteriorates?      |
|      | • Do you have an advance directive?                                                             |
| 12   | • What are the heaviest tasks for you (or your next of kin)?                                     |
|      | • What would you like assistance with?                                                           |
|      | • Can you talk about it together?                                                                |
|      | • How do you feel about having to ask for help?                                                   |
| 13A  | • Questions for the patient about next of kin, if next of kin is not present                   |
|      | • Do your next of kin have any questions?                                                        |
|      | • Do your children have any questions about heart failure or the treatment?                      |
|      | • What would your next of kin like to receive more information about?                            |
| 13B  | • Question for next of kin, if present                                                           |
|      | • What would you like to receive more information about?                                         |