

Provider Attitudes toward Dyspnea Assessment and Management Survey

The following questions refer to the management of patients who are hospitalized for the treatment of cardiopulmonary disease, including heart failure (HF), chronic obstructive pulmonary disease (COPD), and pneumonia (PNE).

The following survey should take no more than 10 minutes to complete. Once you complete the survey, you will be automatically registered to receive a \$25 Amazon gift card.

Thank you!

Importance of Dyspnea in Clinical Care

Please indicate your level of agreement with the following statements.

1. Dyspnea is one of the main symptoms that cause patients with acute cardiopulmonary conditions (e.g. COPD, HF, PNE) to seek medical care.
 - Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
2. Relief of dyspnea is a central goal of the management of patients with acute cardiopulmonary conditions such as HF, COPD, and pneumonia.
 - Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree

Current Assessment and Management of Dyspnea

3. When caring for patients with acute cardiopulmonary diseases how often do you assess severity of dyspnea? (Select all that apply)
 - At admission
 - At discharge
 - Daily until discharge
 - More often than daily

4. Which description best characterizes your approach to assessing dyspnea severity?
- I don't regularly ask about dyspnea severity
 - I ask the patient whether or not they are having shortness of breath
 - I ask the patient to rate the severity of shortness of breath using a numeric scale
 - I ask the patient to rate the severity of shortness of breath using a categorical scale (e.g. somewhat SOB, no SOB, improved or worsened compared with a prior date)
5. When is dyspnea severity assessed and documented by nursing at your hospital?
(Select all that apply)
- Dyspnea is not routinely assessed
 - At admission
 - Daily
 - Each shift
6. Awareness of dyspnea severity affects my management by:
(Select all that apply)
- Influencing my decision to intensify treatment of the patient's underlying condition
 - Influencing my decision to pursue additional diagnostic testing
 - Influencing my decision to add pharmacologic-based, symptom-oriented treatment for dyspnea, such as opioids
 - Influencing my decision to add non-pharmacologic-based, symptom-oriented treatment for dyspnea, such as fans or pursed lip breathing technique
 - Influencing my decision regarding timing of discharge

Use and Benefits of Routine Dyspnea Assessment

7. Patients would like me to ask them about their dyspnea.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
8. Patients are able to rate their own dyspnea intensity on a scale of 0-10.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
9. Having a standardized assessment of dyspnea severity would be helpful to me in management of patients with cardiopulmonary diseases.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
- 9.a. If you don't think that it would be useful to have a standardized dyspnea assessment, please tell us why:
10. Serial measurements of dyspnea would be useful for assessing response to therapy.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree

11. Dyspnea assessment by a scale should be part of the "vital signs" for patients with cardiopulmonary diseases.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
12. Using an enhanced dyspnea scale that includes information about the following 4 features 1) Current dyspnea severity, 2) Worst dyspnea ever, 3) Improvement of dyspnea since admission, 4) Acceptability of current level of dyspnea, would be more helpful for my management than a single question focused on dyspnea severity.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
13. The patient's experience of dyspnea should be used to guide treatment decisions independent of objective measures such as respiratory rate and oxygen saturation.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree

Management of Dyspnea

14. Judicious use of oral and/or parenteral opioids can provide relief of dyspnea.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
15. Limited use of opioids for relief of dyspnea in patients with advanced cardiopulmonary disorders is often due to concerns of respiratory depression.
- Strongly disagree
 - Somewhat disagree
 - Neutral
 - Somewhat agree
 - Strongly agree
16. Which of the following non-pharmacologic therapies are effective for the relief of dyspnea?
(Select all that apply)
- Pursed lip breathing
 - Relaxation techniques
 - Noninvasive ventilation
 - O2 for non-hypoxemic patients
 - Cool air/fan
 - Cognitive behavioral strategies
17. In what year did you complete your residency training?
- _____